

SECTION 936

1 ***-0249/1.11* SECTION 936.** 44.72 (4) (d) of the statutes is amended to read:

2 44.72 (4) (d) *Funding for ~~subsidized loans~~ financial assistance.* The board, with
3 the approval of the governor and subject to the limits of s. 20.866 (2) (zc) and (zcm),
4 may request that the building commission contract public debt in accordance with
5 ch. 18 to fund loans financial assistance under this subsection.

6 ***-1769/2.2* SECTION 937.** 44.72 (5) of the statutes is created to read:

7 44.72 (5) FOREIGN LANGUAGE INSTRUCTION GRANTS. (a) Beginning in the 2000-01
8 fiscal year, the board shall award at least one grant in each fiscal year, on a
9 competitive basis, to an educational organization or consortium of educational
10 organizations for the development and implementation of a foreign language
11 instruction program in a public school in grades kindergarten to 6.

12 (b) The board shall award grants under par. (a) from the appropriation under
13 s. 20.275 (1) (b). The board may not award a grant to an organization or consortium
14 of organizations unless the foreign language instruction is provided to pupils using
15 data lines or video links for which access is provided under s. 44.73 (1) or for which
16 a grant is awarded under s. 44.73 (6).

17 (c) The board shall promulgate rules defining “educational organization” for
18 the purposes of this subsection.

 ****NOTE: This is reconciled s. 44.72 (5). This SECTION has been affected by
LRB-1769 and LRB-0250.

19 ***-1508/2.1* SECTION 938.** 44.73 (2g) of the statutes is created to read:

20 44.73 (2g) An educational agency that is provided access to a data line under
21 the program established under sub. (1) may not do any of the following:

22 1. Provide access to the data line to any business entity, as defined in s. 13.62
23 (5).

1 2. Request access to an additional data line for purposes of providing access to
2 bandwidth to a political subdivision under a shared service agreement under sub.
3 (2r) (a).

 ***NOTE: This is reconciled s. 44.73 (2g). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0250/3 (which renumbers s. 196.218 (4r) (c)).

4 ***-1508/2.2* SECTION 939.** 44.73 (2r) of the statutes is created to read:

5 44.73 (2r) (a) An educational agency that is provided access to a data line under
6 the program established under sub. (1) may enter into a shared service agreement
7 with a political subdivision that provides the political subdivision with access to any
8 excess bandwidth on the data line that is not used by the educational agency. A
9 shared service agreement under this subdivision is not valid unless the agreement
10 allows an educational agency to cancel the agreement at any time after providing
11 notice to the political subdivision.

12 (b) A political subdivision that obtains access to bandwidth under a shared
13 service agreement under par. (a) may not receive compensation for providing any
14 other person with access to the bandwidth.

15 (c) An educational agency shall provide the board with written notice within
16 30 days after entering into or modifying a shared service agreement under par. (a).

 ***NOTE: This is reconciled s. 44.73 (2r). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0250/3 (which renumbers s. 196.218 (4r) (c)).

17 ***-0731/1.1* SECTION 940.** 45.01 of the statutes is amended to read:

18 **45.01 Wisconsin veterans museum; ~~space for~~.** The department of
19 administration shall provide suitable space for the purpose of a memorial hall,
20 designated as the Wisconsin veterans museum, dedicated to the men and women of
21 Wisconsin who served in the armed forces of the United States in the civil war of 1861
22 to 1865 or who ~~meets~~ meet one of the conditions listed in s. 45.35 (5) (a) 1. a. to d.,

1 and the department of veterans affairs shall operate and conduct the Wisconsin
2 veterans museum. The mission of the Wisconsin veterans museum is to
3 acknowledge, commemorate and affirm the role of Wisconsin veterans in the United
4 States of America's military past by means of instructive exhibits and other
5 educational programs.

6 ***-0722/4.1* SECTION 941.** 45.25 (1) of the statutes is amended to read:

7 45.25 (1) ADMINISTRATION. The department of veterans affairs shall administer
8 a tuition and fee reimbursement program for eligible veterans enrolling as
9 undergraduates in any institution ~~within the university of Wisconsin system,~~
10 ~~enrolling in any technical college under ch. 38 of higher education, as defined in s.~~
11 ~~45.396(1)(a), in this state or receiving a waiver of nonresident tuition under s. 39.47.~~

12 ***-1263/2.1* SECTION 942.** 45.25 (2) (d) of the statutes is amended to read:

13 45.25 (2) (d) The individual is a resident at the time of application for the
14 tuition and fee reimbursement program and was a Wisconsin resident at the time of
15 entry or reentry into service or was a resident for any consecutive 5-year period after
16 ~~completing entry or reentry into service on active duty~~ and before the ~~time~~ date of
17 his or her application. If a person applying for a benefit under this section meets that
18 5-consecutive-year residency requirement, the department may not require the
19 person to reestablish that he or she meets the 5-consecutive-year residency
20 requirement when he or she later applies for any other benefit under this chapter
21 that requires a 5-consecutive-year residency.

22 ***-0722/4.2* SECTION 943.** 45.25 (2) (e) of the statutes is created to read:

23 45.25 (2) (e) The individual is enrolled for at least 12 credits during the
24 semester for which reimbursement is sought.

25 ***-0722/4.3* SECTION 944.** 45.25 (3) (a) of the statutes is amended to read:

1 45.25 (3) (a) Except as provided in par. (am), an individual who meets the
2 requirements under sub. (2), upon satisfactory completion of ~~an a full-time~~
3 undergraduate semester in any institution ~~within the university of Wisconsin~~
4 ~~system or a semester at any technical college district school under ch. 38 of higher~~
5 education, as defined in s. 45.396 (1) (a), in this state or any institution from which
6 the individual receives a waiver of nonresident tuition under s. 39.47, may be
7 reimbursed for up to ~~50%~~ 65% of the individual's tuition and fees, ~~but that. The~~
8 reimbursement under this paragraph is limited to a maximum of ~~50%~~ 65% of the
9 standard cost for a state resident for an equivalent undergraduate course at the
10 University of Wisconsin-Madison per course or the difference between the
11 individual's tuition and fees and the grants or scholarships, including those made
12 under s. 21.49, that the individual receives specifically for the payment of the tuition
13 or fees, whichever is less. Reimbursement is available only for tuition and fees that
14 are part of a curriculum that is relevant to a degree in a particular course of study
15 at the institution ~~or school~~.

16 *~~-0722/4.4~~* SECTION 945. 45.25 (3) (am) of the statutes is amended to read:

17 45.25 (3) (am) A disabled individual who meets the requirements under sub.
18 (2) and whose disability is rated at 30% or more under 38 USC 1114 or 1134, upon
19 satisfactory completion of an undergraduate semester in any institution ~~within the~~
20 ~~university of Wisconsin system or a semester at any technical college district school~~
21 under ch. 38 of higher education, as defined in s. 45.396 (1) (a), in this state or any
22 institution from which the individual receives a waiver of nonresident tuition under
23 s. 39.47, may be reimbursed for up to 100% of the individual's tuition and fees, ~~but~~
24 ~~that. The~~ reimbursement under this paragraph is limited to 100% of the standard
25 cost for a state resident for an equivalent undergraduate course at the University of

1 Wisconsin–Madison per course, or the difference between the individual's tuition
2 and fees and the grants or scholarships, including those made under s. 21.49, that
3 the individual receives specifically for the payment of the tuition or fees, whichever
4 is less. Reimbursement is available only for tuition and fees that are part of a
5 curriculum that is relevant to a degree in a particular course of study at the
6 institution ~~or school~~.

7 ***-0722/4.5* SECTION 946.** 45.25 (4) (a) of the statutes is amended to read:

8 45.25 (4) (a) An individual is not eligible for reimbursement under sub. (2) for
9 more than 120 credits of ~~part-time study~~ or 8 full semesters of full-time study at any
10 institution ~~within the university of Wisconsin system of higher education, as defined~~
11 in s. 45.396 (1) (a), in this state, 60 credits of part-time study or 4 full semesters of
12 full-time study at a technical college under ch. 38 any institution of higher
13 education, as defined in s. 45.396 (1) (a), in this state that offers a degree upon
14 completion of 60 credits, or an equivalent amount of credits at an institution where
15 he or she is receiving a waiver of nonresident tuition under s. 39.47.

16 ***-0589/2.10* SECTION 947.** 45.25 (4) (b) (intro.) of the statutes is amended to
17 read:

18 45.25 (4) (b) (intro.) The department may provide reimbursement under sub.
19 (2) to an individual who is delinquent in child support or maintenance payments or
20 who owes past support, medical expenses or birth expenses, as established by the
21 ~~receipt by the department of a certification under s. 49.855~~ appearance of the
22 individual's name on the statewide support lien docket under s. 49.854 (2) (b), only
23 if the individual provides the department with one of the following:

24 ***-0589/2.11* SECTION 948.** 45.25 (4) (b) 2. of the statutes is amended to read:

1 45.25 (4) (b) 2. A statement that the individual is not delinquent in child
2 support or maintenance payments and does not owe past support, medical expenses
3 or birth expenses, signed by the ~~clerk of circuit court~~ department of workforce
4 development or its designee within 7 working days before the date of the application.

5 ***-1263/2.2*** **SECTION 949.** 45.35 (5) (a) 2. c. of the statutes is amended to read:

6 45.35 (5) (a) 2. c. Has been a resident of this state for any consecutive 5-year
7 period after ~~completing entry or reentry into service on active duty~~ and before the
8 date of his or her application or death. If a person applying for a benefit under this
9 subchapter meets that 5-consecutive-year residency requirement, the department
10 may not require the person to reestablish that he or she meets the
11 5-consecutive-year residency requirement when he or she later applies for any other
12 benefit under this chapter that requires a 5-consecutive-year residency.

13 ***-1629/3.5*** **SECTION 950.** 45.35 (14) (h) of the statutes is created to read:

14 45.35 (14) (h) To provide grants to the governing bodies of federally recognized
15 American Indian tribes and bands from the appropriation under s. 20.485 (2) (km)
16 for the creation of a model program that helps American Indians overcome barriers
17 to the receipt of federal and state veterans benefits.

****NOTE: The creation of s. 45.35 (14) (h) is based on the creation of s. 20.505 (8)
(hm) in LRB-0757. If LRB-0757 is not included in the budget bill, then this paragraph
will have to be deleted or redrafted.

18 ***-0722/4.6*** **SECTION 951.** 45.35 (15) of the statutes is amended to read:

19 45.35 (15) LIBERAL CONSTRUCTION INTENDED. This section, ss. 45.25, 45.351,
20 45.356 and 45.37 and subch. II shall be construed as liberally as the language
21 permits in favor of applicants.

22 ***-0724/1.1*** **SECTION 952.** 45.351 (4) of the statutes is created to read:

1 45.351 (4) ANNUAL EXPENDITURE. The total of grants made under sub. (1j) may
2 not exceed \$1,200,000 in any fiscal year.

3 ***-0589/2.12*** SECTION 953. 45.356 (6) (intro.) of the statutes is amended to
4 read:

5 45.356 (6) (intro.) The department may provide a loan under this section ~~after~~
6 ~~the department receives a certification under s. 49.855 (7) that the applicant is~~
7 ~~delinquent in child support or maintenance payments or owes past support, medical~~
8 ~~expenses or birth expenses to an applicant whose name appears on the statewide~~
9 ~~support lien docket under s. 49.854 (2) (b) only if the applicant does one of the~~
10 following:

11 ***-0589/2.13*** SECTION 954. 45.356 (6) (b) of the statutes is amended to read:

12 45.356 (6) (b) Provides to the department a statement that the applicant is not
13 delinquent in child support or maintenance payments and does not owe past support,
14 medical expenses or birth expenses, signed by the ~~clerk of circuit court~~ department
15 of workforce development or its designee within 7 working days before the date of the
16 application.

17 ***-0725/2.1*** SECTION 955. 45.356 (9) (a) of the statutes is amended to read:

18 45.356 (9) (a) The department may borrow from the veterans mortgage loan
19 repayment fund under s. 45.79 (7) (a) ~~and shall pledge to obtain money to make loans~~
20 ~~made under this section as collateral for the borrowing.~~

21 ***-0725/2.2*** SECTION 956. 45.356 (9) (b) of the statutes is amended to read:

22 45.356 (9) (b) The department may enter into transactions with the state
23 investment board to obtain money to make loans under this section. Transactions
24 authorized under this paragraph include direct borrowing from the state investment

1 board or any other financial agreement agreed to by the department and the state
2 investment board.

3 *–1263/2.3* SECTION 957. 45.37 (3) (b) (title) of the statutes is repealed.

4 *–1263/2.4* SECTION 958. 45.37 (3) (b) of the statutes is renumbered 45.37 (3)
5 and amended to read:

6 45.37 (3) *Nonresident.* A veteran who was not a resident of this state at the
7 time of enlistment or induction into service but who is otherwise qualified for
8 membership may be admitted if the veteran has been a resident of this state for any
9 consecutive 5-year period after ~~completing~~ enlistment or induction into service on
10 active duty and before the date of his or her application. If a person applying for a
11 benefit under this subchapter meets that 5-consecutive-year residency
12 requirement, the department may not require the person to reestablish that he or she
13 meets the 5-consecutive-year residency requirement when he or she later applies
14 for any other benefit under this chapter that requires a 5-consecutive-year
15 residency.

16 *–0722/4.7* SECTION 959. 45.396 (1) (a) of the statutes is amended to read:

17 45.396 (1) (a) “Institution of higher education” ~~means an educational~~
18 ~~institution meeting the requirements of P.L. 89-329 for institutions covered therein~~
19 ~~and of P.L. 89-287 for business, trade, technical or vocational schools and full-time~~
20 ~~post-high school technical colleges~~ has the meaning given in 20 USC 1088 (a).

21 *–0726/2.1* SECTION 960. 45.396 (5) of the statutes is amended to read:

22 45.396 (5) Except as provided in sub. (9), the reimbursement may not exceed
23 ~~50%~~ 65% of the cost of tuition and fees and shall also be limited to a maximum of ~~50%~~
24 65% of the standard cost for a state resident for tuition and fees for an equivalent
25 undergraduate course at the University of Wisconsin–Madison per course and may

1 not be provided to an individual more than 4 times during any consecutive 12-month
2 period.

3 ***-0589/2.14* SECTION 961.** 45.396 (6) (intro.) of the statutes is amended to
4 read:

5 45.396 (6) (intro.) The department may make a grant to ~~an applicant~~ under this
6 section ~~after the department receives a certification under s. 49.855 (7) that the~~
7 ~~applicant is delinquent in child support or maintenance payments or owes past~~
8 ~~support, medical expenses or birth expenses to an applicant whose name appears on~~
9 the statewide support lien docket under s. 49.854 (2) (b) only if the applicant provides
10 the department with one of the following:

11 ***-0589/2.15* SECTION 962.** 45.396 (6) (b) of the statutes is amended to read:

12 45.396 (6) (b) A statement that the applicant is not delinquent in child support
13 or maintenance payments and does not owe past support, medical expenses or birth
14 expenses, signed by the ~~clerk of circuit court~~ department of workforce development
15 or its designee within 7 working days before the date of the application.

16 ***-0727/3.1* SECTION 963.** 45.397 (4) of the statutes is amended to read:

17 45.397 (4) ANNUAL EXPENDITURE. The total amount of grants made under this
18 section may not exceed \$500,000 ~~in fiscal year 1993-94 and \$500,000 in any~~ fiscal
19 year ~~1994-95~~.

20 ***-1263/2.5* SECTION 964.** 45.71 (16) (a) 2m. a. of the statutes is amended to
21 read:

22 45.71 (16) (a) 2m. a. Has been a resident of this state for any consecutive 5-year
23 period after ~~completing~~ enlistment or induction into service on active duty and before
24 the date of his or her application or death. If a person applying for a benefit under
25 this subchapter meets that 5-consecutive-year residency requirement, the

1 department may not require the person to reestablish that he or she meets the
2 5-consecutive-year residency requirement when he or she applies for any other
3 benefit under this chapter that requires a 5-consecutive-year residency.

4 ***-0589/2.16* SECTION 965.** 45.74 (6) (intro.) of the statutes is amended to read:

5 45.74 (6) DELINQUENT SUPPORT PAYMENTS. (intro.) The person is delinquent in
6 child support or maintenance payments or owes past support, medical expenses or
7 birth expenses, as evidenced by ~~a certification under s. 49.855 (7)~~ the appearance of
8 the person's name on the statewide support lien docket under s. 49.854 (2) (b), unless
9 the person provides the department or authorized lender with one of the following:

10 ***-0589/2.17* SECTION 966.** 45.74 (6) (b) of the statutes is amended to read:

11 45.74 (6) (b) A statement that the person is not delinquent in child support or
12 maintenance payments and does not owe past support, medical expenses or birth
13 expenses, signed by the ~~clerk of circuit court~~ department of workforce development
14 or its designee within 7 working days before the date of the application.

15 ***-0729/2.1* SECTION 967.** 45.76 (1) (c) of the statutes is amended to read:

16 45.76 (1) (c) *Home improvements.* A loan of not more than ~~\$15,000~~ \$25,000 to
17 improve a home, including construction of a garage.

18 ***-1432/7.46* SECTION 968.** 45.79 (9) (a) of the statutes is amended to read:

19 45.79 (9) (a) All moneys received from any source for repayment of loans,
20 mortgages or mortgage loan notes funded with proceeds of revenue obligations
21 issued under sub. (6) (c) shall be deposited into one or more separate nonlapsible
22 trust funds in the state treasury or with a trustee as provided in s. 18.56 18.561 (9)
23 (j) or 18.562 (5) (e). The board may pledge revenues received by the funds to secure
24 revenue obligations issued under sub. (6) (c) and shall have all other powers
25 necessary and convenient to distribute the proceeds of the revenue obligations and

1 loan repayments in accordance with subch. II of ch. 18. Unrestricted balances in the
2 funds may be used to fund additional loans issued under sub. (6) (c) and pay the
3 balances owing on loans after the assumptions of the loans or the closings of the sales
4 of residences under sub. (10) (c).

5 ***-0284/3.3* SECTION 969.** 46.03 (1) of the statutes is amended to read:

6 46.03 (1) INSTITUTIONS GOVERNED. Maintain and govern the Mendota and the
7 Winnebago mental health institutes; the secure mental health facility established
8 under s. 46.055; and the centers for the developmentally disabled.

9 ***-0274/2.1* SECTION 970.** 46.03 (7) (g) of the statutes is created to read:

10 46.03 (7) (g) Before July 1, 2006, establish a statewide automated child welfare
11 information system.

12 ***-1732/1.2* SECTION 971.** 46.03 (22) (a) of the statutes is amended to read:

13 46.03 (22) (a) "Community living arrangement" means any of the following
14 facilities licensed or operated, or permitted under the authority of the department:
15 child welfare agencies under s. 48.60, group homes for children under s. 48.02 (7) and
16 community-based residential facilities under s. 50.01; but does not include adult
17 family homes, as defined in s. 50.01, day care centers, nursing homes, general
18 hospitals, special hospitals, prisons and jails. ~~"Community living arrangement" also~~
19 ~~includes a youth village program as described in s. 118.42.~~

20 ***-0271/4.1* SECTION 972.** 46.034 (3) of the statutes is amended to read:

21 46.034 (3) With the agreement of the affected county board of supervisors in
22 a county with a single-county department or boards of supervisors in counties with
23 a multicounty department, effective for the contract period beginning January 1,
24 1980, the department may approve a county with a single-county department or
25 counties participating in a multicounty department to administer a single

1 consolidated aid consisting of the state and federal financial aid available to that
2 county or those counties from appropriations under s. 20.435 (3) (o) and (7) (b), (kw),
3 (kz) and (o) for services provided and purchased by county departments under ss.
4 46.215, 46.22, 46.23, 51.42 and 51.437. Under such an agreement, in the interest of
5 improved service coordination and effectiveness, the county board of supervisors in
6 a county with a single-county department or county boards of supervisors in
7 counties with a multicounty department may reallocate among county departments
8 under ss. 46.215, 46.22, 46.23, 51.42 and 51.437 funds that otherwise would be
9 specified for use by a single county department. The budget under s. 46.031 (1) shall
10 be the vehicle for expressing the proposed use of the single consolidated fund by the
11 county board of supervisors in a county with a single-county department or county
12 boards of supervisors in counties with a multicounty department. Approval by the
13 department of this use of the fund shall be in the contract under s. 46.031 (2g).
14 Counties that were selected by the department to pilot test consolidated aids for
15 contract periods beginning January 1, 1978, may continue or terminate
16 consolidation with the agreement of the affected county board of supervisors in a
17 county with a single-county department or county boards of supervisors in counties
18 with a multicounty department.

19 ***-2105/1.4* SECTION 973.** 46.036 (4) (a) of the statutes is amended to read:

20 46.036 (4) (a) Except as provided in this paragraph, maintain a uniform double
21 entry accounting system and a management information system which are
22 compatible with cost accounting and control systems prescribed by the department.
23 The department shall establish a simplified double entry bookkeeping system for use
24 by family-operated group homes. Each purchaser shall determine whether a
25 family-operated group home from which it purchases services shall use the double

1 entry accounting system or the simplified system and shall include this
2 determination in the purchase of service contract. In this paragraph,
3 “family-operated group home” means a group home licensed under s. 48.66 (1) (a) for
4 which the licensee is one or more individuals who operate not more than one group
5 home.

6 *–0023/4.2* SECTION 974. 46.043 of the statutes is created to read:

7 **46.043 Additional services of mental health institutes.** (1) In addition
8 to inpatient and outpatient services provided at mental health institutes under ss.
9 51.05 and 51.07, the department may authorize mental health institutes to offer
10 services other than inpatient mental health services when the department
11 determines that community services need to be supplemented. Services that may be
12 offered under this section include mental health outpatient treatment and services,
13 day programming, consultation and services in residential facilities, including group
14 homes, child caring institutions and community-based residential facilities.

15 (2) Services under this section may be provided only under contract between
16 the department and a county department under s. 46. 215, 46.22 or 46.23, a school
17 district or another public or private entity within the state to persons referred from
18 those entities, at the discretion of the department. The department shall charge the
19 referring entity all costs associated with providing the services. Unless a referral is
20 made, the department may not offer services under this section to the person who is
21 to receive the services or his or her family. The department may not impose a charge
22 for services under this section upon the person receiving the services or his or her
23 family. The department shall credit any revenues received under this section to the
24 appropriation account under s. 20.435 (2) (gk).

1 (3) (a) Except as provided in pars. (b) and (c), services under this section are
2 governed by all of the following:

3 1. The terms of the contract between the department and the referring entity.

4 2. Subchapter XVI of ch. 48 and ss. 50.03, 50.032, 50.033, 50.034 (1) to (3),
5 50.035, 50.04, 50.09, 51.04, 51.42 (7) (b) and 51.61. In applying these statutes, the
6 services shall be considered to be provided by a private entity.

7 3. Rules promulgated under the statutes specified in subd. 2.

8 (b) In the event of a conflict between par. (a) 1. and 2. or 3., the services shall
9 comply with the contractual, statutory or rules provision that is most protective of
10 the service recipient's health, safety, welfare or rights, as determined by the mental
11 health institute.

12 (c) Sections 46.03 (18), 46.10, 51.15 (2), 51.20 (13) (c) 1. and 51.42 (3) (as) and
13 zoning or other ordinances or regulations of the county, city, town or village in which
14 the services are provided or the facility is located do not apply to the services under
15 this section.

16 (d) The department may not be required, by court order or otherwise, to offer
17 services under this section.

18 (4) Services in a residential facility that are authorized by the department
19 under this section shall be provided only in a facility that is situated on the grounds
20 of a mental health institute. The facility may not be considered to be a hospital, as
21 defined in s. 50.33 (2), an inpatient facility, as defined in s. 51.01 (10), a state
22 treatment facility, as defined in s. 51.01 (15), or a treatment facility, as defined in s.
23 51.01 (19).

24 *~~0284/3.4~~* **SECTION 975.** 46.055 of the statutes is created to read:

1 **46.055 Secure mental health facility for sexually violent persons.** The
2 department shall establish and operate a secure mental health facility for the
3 detention, evaluation and institutional care of persons under ch. 980.

4 ***-0278/1.1* SECTION 976.** 46.057 (2) of the statutes is amended to read:

5 46.057 (2) From the appropriation account under s. 20.410 (3) (hm), the
6 department of corrections shall transfer to the appropriation account under s. 20.435
7 (2) (kx) ~~\$3,125,100~~ \$3,763,200 in fiscal year ~~1997-99~~ 1999-2000 and ~~\$3,236,200~~
8 \$3,869,200 in fiscal year ~~1998-99~~ 2000-01 for services for juveniles placed at the
9 Mendota juvenile treatment center. The department of health and family services
10 may charge the department of corrections not more than the actual cost of providing
11 those services.

12 ***-0284/3.5* SECTION 977.** 46.10 (2) of the statutes is amended to read:

13 46.10 (2) Except as provided in subs. (2m) and (14) (b) and (c), any person,
14 including but not limited to a person admitted, committed or placed under s. 975.01,
15 1977 stats., s. 975.02, 1977 stats., and s. 975.17, 1977 stats., and ss. 51.10, 51.13,
16 51.15, 51.20, 51.35 (3), 51.37 (5), 51.45 (10), (11), (12) and (13), 55.05, 55.06, 971.14
17 (2) and (5), 971.17 (1), 975.06 and 980.06, receiving care, maintenance, services and
18 supplies provided by any institution in this state including University of Wisconsin
19 Hospitals and Clinics, in which the state is chargeable with all or part of the person's
20 care, maintenance, services and supplies, any person receiving care and services
21 from a county department established under s. 51.42 or 51.437 or from a facility
22 established under s. 49.73, and any person receiving treatment and services from a
23 public or private agency under s. 971.17 (3) (d) or (4) (e), 980.06 (2) (e) (cv) or 980.08
24 (5) (e) and the person's property and estate, including the homestead, and the spouse
25 of the person, and the spouse's property and estate, including the homestead, and,

1 in the case of a minor child, the parents of the person, and their property and estates,
2 including their homestead, and, in the case of a foreign child described in s. 48.839
3 (1) who became dependent on public funds for his or her primary support before an
4 order granting his or her adoption, the resident of this state appointed guardian of
5 the child by a foreign court who brought the child into this state for the purpose of
6 adoption, and his or her property and estate, including his or her homestead, shall
7 be liable for the cost of the care, maintenance, services and supplies in accordance
8 with the fee schedule established by the department under s. 46.03 (18). If a spouse,
9 widow or minor, or an incapacitated person may be lawfully dependent upon the
10 property for their support, the court shall release all or such part of the property and
11 estate from the charges that may be necessary to provide for those persons. The
12 department shall make every reasonable effort to notify the liable persons as soon
13 as possible after the beginning of the maintenance, but the notice or the receipt
14 thereof is not a condition of liability.

15 ***-0183/2.1* SECTION 978.** 46.10 (2m) of the statutes is amended to read:

16 46.10 (2m) The liability specified in sub. (2) shall not apply to tuberculosis
17 patients receiving care, maintenance, services and supplies under ss. ~~58.06~~ and
18 252.07 to 252.10, to persons 18 and older receiving care, maintenance, services and
19 supplies provided by prisons named in s. 302.01 or to parents of a minor who receives
20 care for alcohol or drug abuse under s. 51.47 (1) without consent of the minor's parent
21 or guardian.

22 ***-0183/2.2* SECTION 979.** 46.18 (1) of the statutes is amended to read:

23 46.18 (1) TRUSTEES. Every county home, infirmary, hospital, tuberculosis
24 hospital or sanatorium, or similar institution, shall, subject to regulations approved
25 by the county board, be managed by a board of trustees, electors of the county, chosen

1 by ballot by the county board. At its annual meeting, the county board shall appoint
2 an uneven number of trustees, from 3 to 9 at the option of the board, for staggered
3 3-year terms ending the first Monday in January. Any vacancy shall be filled for the
4 unexpired term by the county board; but the chairperson of the county board may
5 appoint a trustee to fill the vacancy until the county board acts.

6 ***-0183/2.3* SECTION 980.** 46.20 (1) of the statutes is amended to read:

7 46.20 (1) Any 2 or more counties may jointly, by majority vote of all the
8 members of each county board, provide for a county home, infirmary, hospital,
9 ~~tuberculosis hospital or sanatorium~~, or similar institution, or juvenile detention
10 home, which shall be established, maintained and operated pursuant to all the
11 statutes relating to the establishment, maintenance and operation of similar
12 institutions, respectively, by any single county whose population is less than
13 250,000, except as otherwise provided in this section; and in all respects, except as
14 herein specified, each such institution shall be the county institution of each of the
15 counties so joining.

16 ***-0183/2.4* SECTION 981.** 46.20 (3) of the statutes is amended to read:

17 46.20 (3) Upon approval of the site, plans and specifications, as provided in s.
18 ~~252.073 as to tuberculosis sanatoriums and~~ ss. 46.17 and 301.37, as to other
19 institutions, the joint committee shall report to the several county boards the
20 estimated cost of the site and buildings, and the amount thereof chargeable to each
21 county on the basis set forth in sub. (6) (a), appending to each report a copy of the
22 plans and specifications and all matter relating to the site and buildings. If the report
23 is approved by each county board, the joint committee shall purchase the site and
24 cause the buildings to be erected in accordance with the plans and specifications.

25 ***-0183/2.5* SECTION 982.** 46.20 (8) of the statutes is repealed.

1 ***-0183/2.6* SECTION 983.** 46.20 (10) of the statutes is repealed.

2 ***-0030/1.28* SECTION 984.** 46.21 (2m) (c) of the statutes is amended to read:

3 46.21 (2m) (c) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78
4 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7) and
5 253.07 (3) (c), any subunit of the county department of human services acting under
6 this subsection may exchange confidential information about a client, without the
7 informed consent of the client, with any other subunit of the same county department
8 of human services, with a resource center, care management organization or family
9 care district, or with any person providing services to the client under a purchase of
10 services contract with the county department of human services or with a resource
11 center, care management organization or family care district, if necessary to enable
12 an employe or service provider to perform his or her duties, or to enable the county
13 department of human services to coordinate the delivery of services to the client.

14 ***-1186/4.8* SECTION 985.** 46.215 (1) (j) of the statutes is amended to read:

15 46.215 (1) (j) To make payments in such manner as the department of
16 workforce development may determine for training of recipients, former recipients
17 and potential recipients of aid in programs established under ss. s. 49.193, 1997
18 stats., and s. 49.26 (1).

19 ***-0030/1.29* SECTION 986.** 46.215 (1) (r) of the statutes is created to read:

20 46.215 (1) (r) If authorized under s. 46.283 (1) (a) 1., to apply to the department
21 of health and family services to operate a resource center under s. 46.283 and, if the
22 department contracts with the county under s. 46.283 (2), to operate the resource
23 center.

24 ***-0030/1.30* SECTION 987.** 46.215 (1) (s) of the statutes is created to read:

1 46.215 (1) (s) If authorized under s. 46.284 (1) (a) 1., to apply to the department
2 of health and family services to operate a care management organization under s.
3 46.284 and, if the department contracts with the county under s. 46.284 (2), to
4 operate the care management organization and, if appropriate, place funds in a risk
5 reserve.

6 ***-0493/2.1* SECTION 988.** 46.215 (1g) of the statutes is renumbered 46.215 (1g)
7 (intro.) and amended to read:

8 46.215 (1g) ADMINISTRATION OF FOOD STAMPS ~~FOR PARTICIPANTS IN BY A~~ WISCONSIN
9 WORKS AGENCY. (intro.) The Wisconsin works agency, as defined in s. 49.001 (9), shall,
10 to the extent permitted by federal law, certify eligibility for and distribute, if
11 determined eligible, issue food coupons under s. 49.143 (2) (e) to eligible participants
12 to all of the following:

13 (a) Participants in the Wisconsin works program under subch. III of ch. 49.

14 ***-0493/2.2* SECTION 989.** 46.215 (1g) (b) of the statutes is created to read:

15 46.215 (1g) (b) Persons who may be required to participate in the food stamp
16 employment and training program under s. 49.124 (1m), if the department of
17 workforce development has contracted with the Wisconsin works agency to
18 administer the food stamp employment and training program under s. 49.124 (1m).

19 ***-0493/2.3* SECTION 990.** 46.215 (1g) (c) of the statutes is created to read:

20 46.215 (1g) (c) Other persons who are under the age of 61 and who are not
21 disabled, as defined by the department.

22 ***-0030/1.31* SECTION 991.** 46.215 (1m) of the statutes is amended to read:

23 46.215 (1m) EXCHANGE OF INFORMATION. Notwithstanding ss. 46.2895 (9), 48.78
24 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07
25 (3) (c) and 938.78 (2) (a), any subunit of the county department of social services

1 acting under this section may exchange confidential information about a client,
2 without the informed consent of the client, with any other subunit of the same county
3 department of social services, with a resource center, care management organization
4 or family care district, or with any person providing services to the client under a
5 purchase of services contract with the county department of social services or with
6 a resource center, care management organization or family care district, if necessary
7 to enable an employe or service provider to perform his or her duties, or to enable the
8 county department of social services to coordinate the delivery of services to the
9 client.

10 ***-0271/4.2* SECTION 992.** 46.215 (2) (c) 1. of the statutes is amended to read:

11 46.215 (2) (c) 1. A county department of social services shall develop, under the
12 requirements of s. 46.036, plans and contracts for care and services to be purchased,
13 except for care and services under subch. III of ch. 49 or s. 301.08 (2). The department
14 of health and family services may review the contracts and approve them if they are
15 consistent with s. 46.036 and if state or federal funds are available for such purposes.
16 The joint committee on finance may require the department of health and family
17 services to submit the contracts to the committee for review and approval. The
18 department of health and family services may not make any payments to a county
19 for programs included in a contract under review by the committee. The department
20 of health and family services shall reimburse each county for the contracts from the
21 appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and (o), as appropriate,
22 under s. 46.495.

23 ***-0030/1.32* SECTION 993.** 46.22 (1) (b) 1. j. of the statutes is created to read:

24 46.22 (1) (b) 1. j. If authorized under s. 46.283 (1) (a) 1., to apply to the
25 department of health and family services to operate a resource center under s. 46.283

1 and, if the department contracts with the county under s. 46.283 (2), to operate the
2 resource center.

3 ***-0030/1.33* SECTION 994.** 46.22 (1) (b) 1. k. of the statutes is created to read:

4 46.22 (1) (b) 1. k. If authorized under s. 46.284 (1) (a) 1., to apply to the
5 department of health and family services to operate a care management organization
6 under s. 46.284 and, if the department contracts with the county under s. 46.284 (2),
7 to operate the care management organization and, if appropriate, place funds in a
8 risk reserve.

9 ***-1186/4.9* SECTION 995.** 46.22 (1) (b) 2. a. of the statutes is repealed.

10 ***-1186/4.10* SECTION 996.** 46.22 (1) (b) 2. e. of the statutes is amended to read:

11 46.22 (1) (b) 2. e. To make payments in such manner as the department of
12 workforce development may determine for training of recipients, former recipients
13 and potential recipients of aid in programs established under ss. 49.193, 1997 stats.
14 and 49.26 (1).

15 ***-0274/2.2* SECTION 997.** 46.22 (1) (c) 8. f. of the statutes is created to read:

16 46.22 (1) (c) 8. f. Before July 1, 2006, the county department of social services
17 shall implement the statewide automated child welfare information system
18 established by the department under s. 46.03 (7) (g).

19 ***-0030/1.34* SECTION 998.** 46.22 (1) (dm) of the statutes is amended to read:

20 46.22 (1) (dm) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78
21 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07
22 (3) (c) and 938.78 (2) (a), any subunit of the county department of social services
23 acting under this subsection may exchange confidential information about a client,
24 without the informed consent of the client, with any other subunit of the same county
25 department of social services, with a resource center, care management organization

1 or family care district, or with any person providing services to the client under a
2 purchase of services contract with the county department of social services or with
3 a resource center, care management organization or family care district, if necessary
4 to enable an employe or service provider to perform his or her duties, or to enable the
5 county department of social services to coordinate the delivery of services to the
6 client.

7 ***-0271/4.3* SECTION 999.** 46.22 (1) (e) 3. a. of the statutes is amended to read:

8 46.22 (1) (e) 3. a. A county department of social services shall develop, under
9 the requirements of s. 46.036, plans and contracts for care and services, except under
10 subch. III of ch. 49 and s. 301.08 (2), to be purchased. The department of health and
11 family services may review the contracts and approve them if they are consistent
12 with s. 46.036 and to the extent that state or federal funds are available for such
13 purposes. The joint committee on finance may require the department of health and
14 family services to submit the contracts to the committee for review and approval.
15 The department of health and family services may not make any payments to a
16 county for programs included in the contract that is under review by the committee.
17 The department of health and family services shall reimburse each county for the
18 contracts from the appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and
19 (o) according to s. 46.495.

20 ***-0493/2.4* SECTION 1000.** 46.22 (1g) of the statutes is renumbered 46.22 (1g)
21 (intro.) and amended to read:

22 46.22 (1g) ADMINISTRATION OF FOOD STAMPS ~~FOR PARTICIPANTS IN~~ BY A WISCONSIN
23 WORKS AGENCY. (intro.) The Wisconsin works agency, as defined in s. 49.001 (9), shall,
24 to the extent permitted by federal law, certify eligibility for and distribute, if

1 ~~determined eligible, issue food coupons under s. 49.143 (2) (e) to eligible participants~~
2 ~~to all of the following:~~

3 (a) Participants in the Wisconsin works program under subch. III of ch. 49.

4 ***-0493/2.5* SECTION 1001.** 46.22 (1g) (b) of the statutes is created to read:

5 46.22 (1g) (b) Persons who may be required to participate in the food stamp
6 employment and training program under s. 49.124 (1m), if the department of
7 workforce development has contracted with the Wisconsin works agency to
8 administer the food stamp employment and training program under s. 49.124 (1m).

9 ***-0493/2.6* SECTION 1002.** 46.22 (1g) (c) of the statutes is created to read:

10 46.22 (1g) (c) Other persons who are under the age of 61 and who are not
11 disabled, as defined by the department.

12 ***-0030/1.35* SECTION 1003.** 46.23 (3) (e) of the statutes is amended to read:

13 46.23 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78
14 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07
15 (3) (c) and 938.78 (2) (a), any subunit of a county department of human services
16 acting under this section may exchange confidential information about a client,
17 without the informed consent of the client, with any other subunit of the same county
18 department of human services, with a resource center, care management
19 organization or family care district, or with any person providing services to the
20 client under a purchase of services contract with the county department of human
21 services or with a resource center, care management organization or family care
22 district, if necessary to enable an employe or service provider to perform his or her
23 duties, or to enable the county department of human services to coordinate the
24 delivery of services to the client.

25 ***-1547/2.1* SECTION 1004.** 46.266 (1) (d) of the statutes is created to read:

1 46.266 (1) (d) A person in the facility who has been determined under s. 49.45
2 (6c) (b) to require active treatment for mental illness.

3 ***-0030/1.36* SECTION 1005.** 46.27 (1) (bm) of the statutes is amended to read:

4 46.27 (1) (bm) "Private nonprofit agency" means a nonprofit corporation, as
5 defined in s. 181.0103 (17), which provides ~~comprehensive health care services to~~
6 ~~elderly persons~~ a program of all-inclusive care for persons aged 65 or older
7 authorized under 42 USC 1395 to 1395ggg and which participates in the On Lok
8 replication initiative.

9 ***-0030/1.37* SECTION 1006.** 46.27 (2) (k) of the statutes is created to read:

10 46.27 (2) (k) Review and approve or disapprove the terms of risk reserve escrow
11 accounts created under sub. (7) (fr) and approve or disapprove disbursements for
12 administrative or staff costs from the risk reserve escrow accounts.

13 ***-0030/1.38* SECTION 1007.** 46.27 (4) (c) (intro.) of the statutes is amended to
14 read:

15 46.27 (4) (c) (intro.) The planning committee shall ~~develop~~ do all of the
16 following:

17 1. Develop a community options plan for participation in the program. The
18 plan shall include:

19 ***-0030/1.39* SECTION 1008.** 46.27 (4) (c) 1. to 7. of the statutes are renumbered
20 46.27 (4) (c) 1. a. to g.

21 ***-0030/1.40* SECTION 1009.** 46.27 (4) (c) 2. of the statutes is created to read:

22 46.27 (4) (c) 2. Advise the county board of supervisors and, if applicable, the
23 county administrator or county executive on whether to apply to the department for
24 a contract to operate a resource center or a care management organization and
25 whether to create a family care district to apply to the department for such a contract.

SECTION 1010

1 ***-0030/1.41* SECTION 1010.** 46.27 (4) (c) 3. of the statutes is created to read:

2 46.27 (4) (c) 3. Review initial plans and existing provider networks of any care
3 management organization in the area to assist the care management organization
4 in developing a network of service providers that includes a sufficient number of
5 accessible, convenient and desirable services.

6 ***-0030/1.42* SECTION 1011.** 46.27 (4) (c) 4. of the statutes is created to read:

7 46.27 (4) (c) 4. Advise care management organizations about whether to offer
8 optional acute and primary health care services and, if so, how these benefits should
9 be offered.

10 ***-0030/1.43* SECTION 1012.** 46.27 (4) (c) 8. of the statutes is renumbered 46.27

11 (4) (c) 1. h. and amended to read:

12 46.27 (4) (c) 1. h. If a pilot project under s. ~~46.271 (2m)~~ 46.281 (1) (d) is
13 established in the county, a description of how the activities of the pilot project relate
14 to and are coordinated with the county's proposed program.

15 ***-0030/1.44* SECTION 1013.** 46.27 (5) (am) of the statutes is amended to read:

16 46.27 (5) (am) Organize assessment activities specified in sub. (6). The county
17 department or aging unit shall utilize persons for each assessment who can
18 determine the needs of the person being assessed and who know the availability
19 within the county of services alternative to placement in a nursing home. If any
20 hospital patient is referred to a nursing home for admission, these persons shall work
21 with the hospital discharge planner in performing the activities specified in sub. (6).
22 The county department or aging unit shall coordinate the involvement of
23 representatives from the county departments under ss. 46.215, 46.22, 51.42 and
24 51.437, health service providers and the county commission on aging in the
25 assessment activities specified in sub. (6), as well as the person being assessed and

1 members of the person's family or the person's guardian. This paragraph does not
2 apply to a county department or aging unit in a county where a pilot project under
3 s. ~~46.271 (2m)~~ 46.281 (1) (d) is established.

4 ***-0030/1.45* SECTION 1014.** 46.27 (6) (a) 3. of the statutes is amended to read:

5 46.27 (6) (a) 3. In each participating county, except in counties where a pilot
6 project under s. ~~46.271 (2m)~~ 46.281 (1) (d) is established, assessments shall be
7 conducted for those persons and in accordance with the procedures described in the
8 county's community options plan. The county may elect to establish assessment
9 priorities for persons in target groups identified by the county in its plan regarding
10 gradual implementation. If a person who is already admitted to a nursing home
11 requests an assessment and if funds allocated for assessments under sub. (7) (am)
12 are available, the county shall conduct the assessment.

13 ***-0030/1.46* SECTION 1015.** 46.27 (6g) (intro.) of the statutes is amended to
14 read:

15 46.27 (6g) FISCAL RESPONSIBILITY. (intro.) Except as provided in s. 51.40, and
16 within the limitations under sub. (7) (b), the fiscal responsibility of a county for an
17 assessment, unless the assessment is performed by an entity under s. ~~46.271 (2m)~~
18 46.281 (1) (d), case plan or services provided to a person under this section is as
19 follows:

20 ***-0266/3.1* SECTION 1016.** 46.27 (6u) (c) 2. of the statutes is amended to read:

21 46.27 (6u) (c) 2. For a person who is determined to be financially eligible under
22 subd. 1. calculate, by use of the uniform fee system under s. 46.03 (18), the amount
23 of cost sharing required for receipt of long-term community support services
24 provided under sub. (5) (b). The county department or aging unit shall require
25 payment by the person of 100% of the amount calculated under this subdivision.

SECTION 1016

1 unless the person pays the premiums established under s. 49.472 (4) (a). If the
2 person pays those premiums, the county department or aging unit may not require
3 any payment from the person under this subdivision.

4 ***-0030/1.47* SECTION 1017.** 46.27 (7) (am) of the statutes is amended to read:

5 46.27 (7) (am) From the appropriation under s. 20.435 (7) (bd), the department
6 shall allocate funds to each county or private nonprofit agency with which the
7 department contracts to pay assessment and case plan costs under sub. (6) not
8 otherwise paid by fee or under s. 49.33 (2) or 49.45. The department shall reimburse
9 counties for the cost of assessing persons eligible for medical assistance under s.
10 49.46, 49.468 or 49.47 as part of the administrative services of medical assistance,
11 payable under s. 49.45 (3) (a). Counties may use unspent funds allocated under this
12 paragraph to pay the cost of long-term community support services and for a risk
13 reserve under par. (fr).

14 ***-0030/1.48* SECTION 1018.** 46.27 (7) (b) of the statutes is amended to read:

15 46.27 (7) (b) 1m. From the appropriations under s. 20.435 (7) (bd) and (im), the
16 department shall allocate funds to each county to pay the cost of providing long-term
17 community support services under sub. (5) (b) not otherwise paid under s. 49.45 to
18 persons eligible for medical assistance under s. 49.46 or 49.47 or to persons whom
19 the county department or aging unit administering the program finds likely to
20 become medically indigent within 6 months by spending excess income or assets for
21 medical or remedial care. The average per person reimbursement under this
22 paragraph may not exceed the state share of the average per person payment rate
23 the department expects under s. 49.45 (6m). The county department or aging unit
24 administering the program may spend funds received under this paragraph only in
25 accordance with the case plan and service contract created for each person receiving

1 long-term community support services. Counties may use unspent funds allocated
2 under this paragraph from the appropriation under s. 20.435 (7) (bd) for a risk
3 reserve under par. (fr).

4 ***-0327/1.1* SECTION 1019.** 46.27 (7) (cj) 3. a. of the statutes is amended to read:

5 46.27 (7) (cj) 3. a. An assessment under sub. (6) has been completed for the
6 person prior to the person's admission to the community-based residential facility,
7 whether or not the person is a private pay admittee at the time of admission. The
8 county may waive this condition in accordance with guidelines established by the
9 department. If the county waives this condition, the county must meet with the
10 person or the person's guardian to discuss the cost-effectiveness of various service
11 options.

12 ***-0030/1.49* SECTION 1020.** 46.27 (7) (fm) of the statutes is amended to read:

13 46.27 (7) (fm) The department shall, at the request of a county, carry forward
14 up to 10% of the amount allocated under this subsection to the county for a calendar
15 year if up to 10% of the amount so allocated has not been spent or encumbered by the
16 county by December 31 of that year, for use by the county in the following calendar
17 year, except that the amount carried forward shall be reduced by the amount of funds
18 that the county has notified the department that the county wishes to place in a risk
19 reserve under par. (fr). The department may transfer funds within s. 20.435 (7) (bd)
20 to accomplish this purpose. An allocation under this paragraph does not affect a
21 county's base allocation under this subsection and shall lapse to the general fund
22 unless expended within the calendar year to which the funds are carried forward.
23 A county may not expend funds carried forward under this paragraph for
24 administrative or staff costs, except administrative or staff costs that are associated
25 with implementation of the waiver under sub. (11) and approved by the department.

1 ***-0030/1.50* SECTION 1021.** 46.27 (7) (fr) of the statutes is created to read:

2 46.27 (7) (fr) 1. Notwithstanding s. 46.036 (3) and (5m), a county may place in
3 a risk reserve funds that are allocated under par. (am) or (b) or sub. (11) (c) 3. and
4 are not expended or encumbered for services under this subsection or sub. (11). The
5 county shall notify the department of this decision and of the amount to be placed in
6 the risk reserve. The county shall maintain the risk reserve in an interest-bearing
7 escrow account with a financial institution, as defined in s. 69.30 (1) (b), if the
8 department has approved the terms of the escrow. All interest from the principal
9 shall be reinvested in the escrow account.

10 2. The annual amount of a county's expenditure for a risk reserve, as specified
11 in subd. 1., may not exceed 10% of the county's most recent allocation under pars.
12 (am) and (b) and sub. (11) (c) 3. or \$750,000, whichever is less. The total amount of
13 the risk reserve, including interest, may not exceed 15% of the county's most recent
14 allocation under this subsection.

15 3. A county may expend funds maintained in a risk reserve, as specified in subd.
16 1., for any of the following purposes:

17 a. To defray costs of long-term community support services under this section.

18 b. To meet requirements under any contract that the county has with the
19 department to operate a care management organization under s. 46.284.

20 c. If approved by a resolution of the county board of supervisors, to transfer
21 funds to a family care district.

22 d. If approved by the department, for administrative or staff costs under this
23 section.

1 4. A county that maintains a risk reserve, as specified in subd. 1., shall
2 annually, on a form prescribed by the department, submit to the department a record
3 of the status of the risk reserve, including revenues and disbursements.

4 ***-0030/1.51* SECTION 1022.** 46.27 (7) (g) (intro.) of the statutes is amended to
5 read:

6 46.27 (7) (g) (intro.) The department may carry forward to the next state fiscal
7 year up to \$500,000 of funds allocated under this subsection and not encumbered by
8 counties by December 31 or carried forward under par. (fm). The department may
9 transfer moneys within s. 20.435 (7) (bd) to accomplish this purpose. An allocation
10 under this paragraph shall not affect a county's base allocation for the program. The
11 department may allocate these transferred moneys during the next fiscal year to
12 counties for planning and implementation of resource centers under s. 46.283 or care
13 management organizations under s. 46.284 and for the improvement or expansion
14 of long-term community support services for clients whose cost of care significantly
15 exceeds the average cost of care provided under this section, including any of the
16 following:

17 ***-1295/2.2* SECTION 1023.** 46.27 (7g) (c) 3. (intro.) of the statutes is amended
18 to read:

19 46.27 (7g) (c) 3. (intro.) The court shall reduce the amount of a claim under
20 subd. 1. by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the
21 client's heirs or the beneficiaries of the client's will to retain the following personal
22 property:

23 ***-1295/2.3* SECTION 1024.** 46.27 (7g) (c) 3. c. of the statutes is amended to read:

1 46.27 (7g) (c) 3. c. Other tangible personal property not used in trade,
2 agriculture or other business, not to exceed \$1,000 in value the amount specified in
3 s. 861.33 (1) (a) 4.

4 ***-0260/2.1* SECTION 1025.** 46.27 (7g) (c) 5. of the statutes is renumbered 46.27
5 (7g) (c) 5. a. and amended to read:

6 46.27 (7g) (c) 5. a. If the department's claim is not allowable because of subd.
7 4. and the estate includes an interest in a home, the court exercising probate
8 jurisdiction shall, in the final judgment or summary findings and order, assign the
9 interest in the home subject to a lien in favor of the department for the amount
10 described in subd. 1. The personal representative or petitioner for summary
11 settlement or summary assignment of the estate shall record the final judgment as
12 provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).

13 ***-0260/2.2* SECTION 1026.** 46.27 (7g) (c) 5. b. of the statutes is created to read:

14 46.27 (7g) (c) 5. b. If the department's claim is not allowable because of subd.
15 4., the estate includes an interest in a home and the personal representative closes
16 the estate by sworn statement under s. 865.16, the personal representative shall
17 stipulate in the statement that the home is assigned subject to a lien in favor of the
18 department for the amount described in subd. 1. The personal representative shall
19 record the statement in the same manner as described in s. 863.29, as if the
20 statement were a final judgment.

21 ***-1295/2.4* SECTION 1027.** 46.27 (7g) (h) of the statutes is created to read:

22 46.27 (7g) (h) The department may contract with or employ an attorney to
23 probate estates to recover under this subsection the costs of care.

24 ***-0028/7.35* SECTION 1028.** 46.27 (9) (a) of the statutes is amended to read:

1 46.27 (9) (a) The department may select up to 5 counties that volunteer to
2 participate in a pilot project under which they will receive certain funds allocated for
3 long-term care. The department shall allocate a level of funds to these counties
4 equal to the amount that would otherwise be paid under s. 20.435 ~~(5)~~ (4) (b) to nursing
5 homes for providing care because of increased utilization of nursing home services,
6 as estimated by the department. In estimating these levels, the department shall
7 exclude any increased utilization of services provided by state centers for the
8 developmentally disabled. The department shall calculate these amounts on a
9 calendar year basis under sub. (10).

10 ***-0030/1.52*** SECTION 1029. 46.27 (9) (c) of the statutes is amended to read:

11 46.27 (9) (c) All long-term community support services provided under this
12 pilot project in lieu of nursing home care shall be consistent with those services
13 described in the participating county's community options plan under sub. (4) (c) 1.
14 and provided under sub. (5) (b). Unless the department has contracted under s.
15 ~~46.271 (2m)~~ 46.281 (1) (d) with an entity other than the county department, each
16 county participating in the pilot project shall assess persons under sub. (6).

17 ***-0028/7.36*** SECTION 1030. 46.27 (10) (a) 1. of the statutes is amended to read:

18 46.27 (10) (a) 1. The department shall determine for each county participating
19 in the pilot project under sub. (9) a funding level of state medical assistance
20 expenditures to be received by the county. This level shall equal the amount that the
21 department determines would otherwise be paid under s. 20.435 ~~(5)~~ (4) (b) because
22 of increased utilization of nursing home services, as estimated by the department.

23 ***-0028/7.37*** SECTION 1031. 46.27 (11) (c) 3. of the statutes is amended to read:

24 46.27 (11) (c) 3. Medical assistance reimbursement for services a county, a
25 private nonprofit agency or an aging unit with which the department contracts

SECTION 1031

1 provides under this subsection shall be made from the appropriations under s. 20.435
2 ~~(5)~~ (4) (o) and (7) (b) and (bd).

3 ***-0028/7.38* SECTION 1032.** 46.27 (11) (c) 4. of the statutes is amended to read:

4 46.27 **(11)** (c) 4. The department may, from the appropriation under s. 20.435
5 ~~(5)~~ (4) (o), provide reimbursement for services provided under this subsection by
6 counties that are in excess of the current average annual per person rate, as
7 established by the department, and are less than or equal to the average amount
8 approved in the waiver received under par. (am).

9 ***-0327/1.2* SECTION 1033.** 46.27 (11) (c) 5n. a. of the statutes is amended to
10 read:

11 46.27 **(11)** (c) 5n. a. An assessment under sub. (6) has been completed for the
12 person prior to the person's admission to the community-based residential facility,
13 whether or not the person is a private pay admittee at the time of admission. The
14 county may waive this condition in accordance with guidelines established by the
15 department. If the county waives this condition, the county must meet with the
16 person or the person's guardian to discuss the cost-effectiveness of various service
17 options.

18 ***-0030/1.53* SECTION 1034.** 46.271 (2m) of the statutes is repealed.

19 ***-0028/7.39* SECTION 1035.** 46.275 (5) (a) of the statutes is amended to read:

20 46.275 **(5)** (a) Medical assistance reimbursement for services a county, or the
21 department under sub. (3r), provides under this program is available from the
22 appropriations under s. 20.435 ~~(5)~~ (4) (b) and (o). If 2 or more counties jointly contract
23 to provide services under this program and the department approves the contract,
24 medical assistance reimbursement is also available for services provided jointly by
25 these counties.

1 ***-0028/7.40* SECTION 1036.** 46.275 (5) (c) of the statutes is amended to read:

2 46.275 (5) (c) The total allocation under s. 20.435 ~~(5)~~ (4) (b) and (o) to counties
3 and to the department under sub. (3r) for services provided under this section may
4 not exceed the amount approved by the federal department of health and human
5 services. A county may use funds received under this section only to provide services
6 to persons who meet the requirements under sub. (4) and may not use unexpended
7 funds received under this section to serve other developmentally disabled persons
8 residing in the county.

9 ***-0028/7.41* SECTION 1037.** 46.275 (5) (d) of the statutes is amended to read:

10 46.275 (5) (d) The department may, from the appropriation under s. 20.435 ~~(5)~~
11 (4) (o), provide reimbursement for services provided under this section by counties
12 that are in excess of the current average annual per person rate, as established by
13 the department, and are less than the average amount approved in the waiver
14 received under sub. (2).

15 ***-0327/1.3* SECTION 1038.** 46.277 (5) (d) 1n. a. of the statutes is amended to
16 read:

17 46.277 (5) (d) 1n. a. An assessment under s. 46.27 (6) has been completed for
18 the person prior to the person's admission to the community-based residential
19 facility, whether or not the person is a private pay admittee at the time of admission.
20 The county may waive this condition in accordance with guidelines established by
21 the department. If the county waives this condition, the county must meet with the
22 person or the person's guardian to discuss the cost-effectiveness of various service
23 options.

24 ***-0028/7.42* SECTION 1039.** 46.278 (6) (d) of the statutes is amended to read:

1 46.278 (6) (d) If a county makes available nonfederal funds equal to the state
2 share of service costs under the waiver received under sub. (3), the department may,
3 from the appropriation under s. 20.435 ~~(5)~~ (4) (o), provide reimbursement for services
4 that the county provides under this section to persons who are in addition to those
5 who may be served under this section with funds from the appropriation under s.
6 20.435 ~~(5)~~ (4) (b).

7 ***-0316/1.1* SECTION 1040.** 46.278 (6) (e) of the statutes is renumbered 46.278
8 (6) (e) 1. (intro.) and amended to read:

9 46.278 (6) (e) 1. (intro.) The department may provide enhanced reimbursement
10 for services under the program for an individual who was relocated to the community
11 by a county department from ~~an~~ one of the following:

12 a. An intermediate care facility for the mentally retarded that closes under s.
13 50.03 (14).

14 2. The enhanced reimbursement rate under this paragraph shall be
15 determined under a formula that is developed by the department.

16 ***-0316/1.2* SECTION 1041.** 46.278 (6) (e) 1. b. of the statutes is created to read:
17 46.278 (6) (e) 1. b. An intermediate care facility for the mentally retarded or
18 a distinct part thereof that has a plan of closure approved by the department and that
19 intends to close within 12 months.

20 ***-0030/1.54* SECTION 1042.** 46.2805 of the statutes is created to read:

21 **46.2805 Definitions; long-term care.** In ss. 46.2805 to 46.2895:

22 (1) "Care management organization" means an entity that is certified as
23 meeting the requirements for a care management organization under s. 46.284 (3)
24 and that has a contract under s. 46.284 (2). "Care management organization" does

1 not mean an entity that contracts with the department to operate one of the
2 following:

3 (a) A program of all-inclusive care for persons aged 65 or older authorized
4 under 42 USC 1395 to 1395ggg.

5 (b) A demonstration program known as the Wisconsin partnership program
6 under a federal waiver authorized under 42 USC 1315.

7 (2) "Eligible person" means a person who meets all eligibility criteria under s.
8 46.286 (1) or (1m).

9 (3) "Enrollee" means a person who is enrolled in a care management
10 organization.

11 (4). "Family care benefit" means financial assistance for long-term care and
12 support items for an enrollee.

13 (5) "Family care district" means a special purpose district created under s.
14 46.2895 (1).

15 (6) "Family care district board" means the governing board of a family care
16 district.

17 (7) "Functional and financial screen" means a screen prescribed by the
18 department that is used to determine functional eligibility under s. 46.286 (1) (a) and
19 financial eligibility under s. 46.286 (1) (b).

20 (8) "Nonprofit organization" has the meaning given in s. 108.02 (19).

21 (9) "Older person" means a person who is aged at least 65.

22 (10) "Resource center" means an entity that meets the standards for operation
23 under s. 46.283 (3) or, if under contract to provide a portion of the services specified
24 under s. 46.283 (3), meets the standards for operation with respect to those services.

1 (11) "Tribe or band" means a federally recognized American Indian tribe or
2 band.

3 ***-0030/1.55*** **SECTION 1043.** 46.281 of the statutes is created to read:

4 **46.281 Powers and duties of the department and the secretary;**
5 **long-term care. (1) DUTIES OF THE DEPARTMENT.** The department shall do all of the
6 following:

7 (a) Provide training to members of the council on long-term care who are aged
8 65 or older or who have physical or developmental disabilities or their family
9 members, guardians or other advocates, to enable these members to participate in
10 the council's duties.

11 (b) Provide information to the council on long-term care and seek
12 recommendations of the council.

13 (c) Request from the secretary of the federal department of health and human
14 services any waivers of federal medicaid laws necessary to permit the use of federal
15 moneys to provide the family care benefit to recipients of medical assistance. The
16 department shall implement any waiver that is approved and that is consistent with
17 ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the department
18 may implement operation of resource centers, care management organizations and
19 the family care benefit.

20 (d) Before July 1, 2001:

21 1. Establish, in geographic areas determined by the department, a pilot project
22 under which the department may contract with a county, a family care district, a
23 tribe or band or the Great Lakes inter-tribal council, inc., or with any 2 or more of
24 these entities under a joint application, to operate a resource center.

1 2. Contract with counties or tribes or bands under a pilot project to demonstrate
2 the ability of counties or tribes or bands to manage all long-term care programs and
3 administer the family care benefit as care management organizations.

4 (e) After June 30, 2001, contract with one or more entities certified as meeting
5 requirements under s. 46.284 (3) for services of the entity as a care management
6 organization and one or more entities for services specified under s. 46.283 (3) and
7 (4).

8 (f) Prescribe and implement a per person monthly rate structure for costs of the
9 family care benefit.

10 (g) In order to maintain continuous quality assurance and quality
11 improvement for resource centers and care management organizations, do all of the
12 following:

13 1. Prescribe by rule and by contract and enforce performance standards for
14 operation of resource centers and care management organizations.

15 2. Use performance expectations that are related to outcomes for persons in
16 contracting with care management organizations and resource centers.

17 3. Conduct ongoing evaluations of the long-term care system specified in ss.
18 46.2805 to 46.2895.

19 4. Require that quality assurance and quality improvement efforts be included
20 throughout the long-term care system specified in ss. 46.2805 to 46.2895.

21 5. Ensure that reviews of the quality of management and service delivery of
22 resource centers and care management organizations are conducted by external
23 organizations and make information about specific review results available to the
24 public.

1 (h) Require by contract that resource centers and care management
2 organizations establish procedures under which an individual who applies for or
3 receives the family care benefit may register a complaint or grievance and
4 procedures for resolving complaints and grievances.

5 (i) Prescribe criteria to assign priority equitably on any necessary waiting lists
6 for persons who are eligible for the family care benefit but who do not meet the
7 criteria under s. 46.286 (3).

8 **(2) POWERS OF THE DEPARTMENT.** The department may develop risk-sharing
9 arrangements in contracts with care management organizations, in accordance with
10 applicable state laws and federal statutes and regulations.

11 **(3) DUTY OF THE SECRETARY.** The secretary shall certify to each county, nursing
12 home, community-based residential facility, adult family home and residential care
13 apartment complex the date on which a resource center that serves the area of the
14 county, nursing home, community-based residential facility, adult family home or
15 residential care apartment complex is first available to provide a functional and
16 financial screen. To facilitate phase-in of services of resource centers, the secretary
17 may certify that the resource center is available for specified groups of eligible
18 individuals or for specified facilities in the county.

19 ***-0030/1.56* SECTION 1044.** 46.281 (1) (a) of the statutes, as created by 1999
20 Wisconsin Act (this act), is repealed.

21 ***-0030/1.57* SECTION 1045.** 46.281 (1) (b) of the statutes, as created by 1999
22 Wisconsin Act (this act), is repealed.

23 ***-0030/1.58* SECTION 1046.** 46.282 of the statutes is created to read:

24 **46.282 Council on long-term care.** The council on long-term care appointed
25 under s. 15.197 (5) shall do all of the following:

1 (1) Assist the department in developing broad policy issues related to
2 long-term care services.

3 (2) Assist the department in developing, implementing, coordinating and
4 guiding long-term care services and systems, including by reviewing and making
5 nonbinding recommendations to the department on all of the following:

6 (a) The department's standard contract provisions for resource centers and
7 care management organizations.

8 (b) The family care benefit, including the per person rate structure for the
9 benefit.

10 (c) The long-term support community options program under s. 46.27.

11 (d) The community integration programs under ss. 46.275, 46.277 and 46.278.

12 (e) Programs other than those under pars (c) and (d) that provide home and
13 community-based services.

14 (f) The provision of medical assistance services under a fee-for-service system.

15 (3) Monitor patterns of complaints, grievances and appeals related to
16 long-term care in order to identify issues of statewide importance.

17 (4) Monitor the numbers of persons on waiting lists.

18 (5) Review patterns of utilization of various types of services by care
19 management organizations.

20 (6) Monitor the pattern of care management organization enrollments and
21 disenrollments throughout the state.

22 (7) Report annually to the legislature under s. 13.172 (2) and to the governor
23 on the status, significant achievements and problems of resource centers, care
24 management organizations and the family care benefit, including all of the following:

25 (a) Numbers of persons served.

1 (b) Costs of long-term care provided under the family care benefit.

2 (c) The number and service areas of resource centers and care management
3 organizations.

4 (d) Waiting list information.

5 (c) Results of reviews of quality of services provided by resource centers and
6 care management organizations.

7 ***-0030/1.59* SECTION 1047.** 46.282 of the statutes, as created by 1999
8 Wisconsin Act (this act), is repealed.

9 ***-0030/1.60* SECTION 1048.** 46.283 of the statutes is created to read:

10 **46.283 Resource centers. (1) APPLICATION FOR CONTRACT.** (a) A county board
11 of supervisors and, in a county with a county executive or a county administrator, the
12 county executive or county administrator, may decide all of the following:

13 1. Whether to authorize one or more county departments under s. 46.21,
14 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the
15 department for a contract to operate a resource center and, if so, which to authorize
16 and what client group to serve.

17 2. Whether to create a family care district to apply to the department for a
18 contract to operate a resource center.

19 (b) The governing body of a tribe or band or of the Great Lakes inter-tribal
20 council, inc., may decide whether to authorize a tribal agency to apply to the
21 department for a contract to operate a resource center for tribal members and, if so,
22 which client group to serve.

23 (c) Under the requirements of par. (a), a county board of supervisors may decide
24 to apply to the department for a contract to operate a multicounty resource center
25 in conjunction with the county board or boards of one or more other counties or a

1 county-tribal resource center in conjunction with the governing body of a tribe or
2 band or the Great Lakes inter-tribal council, inc.

3 (d) Under the requirements of par. (b), the governing body of a tribe or band may
4 decide to apply to the department for a contract to operate a resource center in
5 conjunction with the governing body or governing bodies of one or more other tribes
6 or bands or the Great Lakes inter-tribal council, inc., or with a county board of
7 supervisors.

8 (2) EXCLUSIVE CONTRACT. (a) Before July 1, 2001, the department may contract
9 only with a county, a family care district, the governing body of a tribe or band or the
10 Great Lakes inter-tribal council, inc., or with 2 or more of these entities under a joint
11 application, to operate a resource center.

12 (b) After June 30, 2001, the department may contract with a private nonprofit
13 organization to operate a resource center if the department determines that the
14 organization has no significant connection to an entity that operates a care
15 management organization and if any of the following applies:

16 1. A county board of supervisors declines in writing to apply for a contract to
17 operate a resource center.

18 2. A county agency or a family care district applies for a contract but fails to
19 meet the standards specified in sub. (3).

20 (c) After the period specified in par. (a), the department may contract to operate
21 a resource center with counties, family care districts, the governing body of a tribe
22 or band or the Great Lakes inter-tribal council, inc., or under a joint application of
23 any of these, or with a private nonprofit organization that is entirely separate from
24 an entity that operates a care management organization.

1 **(3) STANDARDS FOR OPERATION.** The department shall assure that at least all of
2 the following are available to a person who contacts a resource center for service:

3 (a) Information and referral services and other assistance at hours that are
4 convenient for the public.

5 (b) A determination of functional eligibility for the family care benefit.

6 (c) Within the limits of available funding, prevention and intervention services.

7 (d) Counseling concerning public and private benefits programs.

8 (e) A determination of financial eligibility and of the maximum amount of cost
9 sharing required for a person who is seeking long-term care services, under
10 standards prescribed by the department.

11 (f) Assistance to a person who is eligible for the family care benefit with respect
12 to the person's choice of whether or not to enroll in a care management organization
13 and, if so, which available care management organization would best meet his or her
14 needs.

15 (g) Assistance in enrolling in a care management organization for persons who
16 choose to enroll.

17 (h) Equitable assignment of priority on any necessary waiting lists, consistent
18 with criteria prescribed by the department, for persons who are eligible for the family
19 care benefit but who do not meet the criteria under s. 46.286 (3).

20 (i) Assessment of risk for each person who is on a waiting list, as described in
21 par. (h), development with the person of an interim plan of care and assistance to the
22 person in arranging for services.

23 (j) Transitional services to families whose children with physical or
24 developmental disabilities are preparing to enter the adult service system.

1 (k) A determination of eligibility for state supplemental payments under s.
2 49.77, medical assistance under s. 49.46, 49.468 or 49.47 or the federal food stamp
3 program under 7 USC 2011 to 2029.

4 (4) DUTIES. A resource center shall do all of the following:

5 (a) Provide services within the entire geographic area prescribed for the
6 resource center by the department.

7 (b) Submit to the department all reports and data required or requested by the
8 department.

9 (c) Implement internal quality improvement and quality assurance processes
10 that meet standards prescribed by the department.

11 (d) Cooperate with any review by an external advocacy organization.

12 (e) Within 6 months after the family care benefit is available to all eligible
13 persons in the area of the resource center, provide information about the services of
14 the resource center, including the services specified in sub. (3) (d), about assessments
15 under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care
16 benefit to all older persons and persons with a physical disability who are residents
17 of nursing homes, community-based residential facilities, adult family homes and
18 residential care apartment complexes in the area of the resource center.

19 (f) Provide a functional and financial screen to any resident, as specified in par.
20 (e), who requests a screen and assist any resident who is eligible and chooses to enroll
21 in a care management organization to do so.

22 (g) Provide a functional and financial screen to any person seeking admission
23 to a nursing home, community-based residential facility, residential care apartment
24 complex or adult family home if the secretary has certified that the resource center
25 is available to the person and the facility.

1 (h) Provide access to services under s. 46.90 and ch. 55 to a person who is
2 eligible for the services, through cooperation with the county agency or agencies that
3 provide the services.

4 (i) Assure that emergency calls to the resource center are responded to
5 promptly, 24 hours per day.

6 (5) FUNDING. From the appropriation accounts under s. 20.435 (4) (bm) and (p)
7 and (7) (b), (bd) and (md), the department may contract with organizations that meet
8 standards under sub. (3) for performance of the duties under sub. (4) and shall
9 distribute funds for services provided by resource centers.

****NOTE: The numbering of s. 20.435 (4) (bm) and (p) is dependent on the
renumbering of s. 20.435 (1) (bm) and (p) in LRB-0028. If LRB-0028 is not included in
the budget bill, these cross-references must be renumbered.

10 (6) GOVERNING BOARD. A resource center shall have a governing board that
11 reflects the ethnic and economic diversity of the geographic area served by the
12 resource center. At least one-fourth of the members of the governing board shall be
13 older persons or persons with physical or developmental disabilities or their family
14 members, guardians or other advocates.

15 (7) EXCHANGE OF INFORMATION. Notwithstanding ss. 48.78 (2) (a), 49.45 (4),
16 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78
17 (2) (a), a resource center acting under this section may exchange confidential
18 information about a client, as defined in s. 46.287 (1), without the informed consent
19 of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.284
20 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of the resource center,
21 if necessary to enable the resource center to perform its duties or to coordinate the
22 delivery of services to the client.

23 *-0030/1.61* SECTION 1049. 46.284 of the statutes is created to read:

1 **46.284 Care management organizations. (1) APPLICATION FOR CONTRACT.**

2 (a) A county board of supervisors and, in a county with a county executive or a county
3 administrator, the county executive or county administrator, may decide all of the
4 following:

5 1. Whether to authorize one or more county departments under s. 46.21,
6 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the
7 department for a contract to operate a care management organization and, if so,
8 which to authorize and what client group to serve.

9 2. Whether to create a family care district to apply to the department for a
10 contract to operate a care management organization.

11 (b) The governing body of a tribe or band or of the Great Lakes inter-tribal
12 council, inc., may decide whether to authorize a tribal agency to apply to the
13 department for a contract to operate a care management organization for tribal
14 members and, if so, which client group to serve.

15 (c) Under the requirements of par. (a), a county board of supervisors may decide
16 to apply to the department for a contract to operate a multicounty care management
17 organization in conjunction with the county board or boards of one or more other
18 counties or a county-tribal care management organization in conjunction with the
19 governing body of a tribe or band or the Great Lakes inter-tribal council, inc.

20 (d) Under the requirements of par. (b), the governing body of a tribe or band may
21 decide to apply to the department for a contract to operate a care management
22 organization in conjunction with the governing body or governing bodies of one or
23 more other tribes or bands or the Great Lakes inter-tribal council, inc., or with a
24 county board of supervisors.

1 (2) CONTRACTS. (a) The department may contract for operation of a care
2 management organization only with an entity that is certified as meeting the
3 requirements under sub. (3). No entity may operate as a care management
4 organization under the requirements of this section unless so certified and under
5 contract with the department.

6 (b) Except as provided in par. (c), within each county, the department shall
7 initially contract to operate a care management organization with the county or a
8 family care district if the county elects to operate a care management organization
9 and the care management organization meets the requirements of sub. (3) and
10 performance standards prescribed by the department. A county that contracts under
11 this paragraph may operate the care management organization for all of the target
12 groups or for a selected group or groups. During the first 2 years in which the county
13 has a contract under which it accepts a per person per month payment for each
14 enrollee in the care management organization, the department may not contract
15 with another organization to operate a care management organization in the county
16 unless any of the following applies:

17 1. The county agrees in writing that at least one additional care management
18 organization is necessary or desirable.

19 2. Because the county does not elect to serve both older persons and persons
20 with a physical disability or is unable to meet requirements for both of these client
21 groups, an additional care management organization is necessary to serve the group
22 that is not served by the county.

23 3. The governing body of a tribe or band or the Great Lakes inter-tribal council,
24 inc., elects to operate a care management organization within the area and is
25 certified under sub. (3).

1 (c) During the first 24 months in which a county under s. 46.281 (1) (d) 2. has
2 a contract under which the county accepts a per person per month payment for each
3 enrollee in its care management organization, the department may not contract with
4 another organization to operate a care management organization in that county
5 unless either of the conditions under par. (b) 1. or 3. applies.

6 (d) For contracts following the initial contracts specified in par. (b), the
7 department shall, after consulting with the council on long-term care, prescribe
8 criteria to determine the number of care management organizations that are
9 necessary for operation in a county. Under these criteria, the department shall solicit
10 applications, certify those applicants that meet the requirements specified in sub. (3)
11 (a), select certified applicants for contract and contract with the selected applicants.

12 (3) CERTIFICATION; REQUIREMENTS. (a) If an entity meets the requirements
13 under par. (b) and applicable rules of the department and submits to the department
14 an application for initial certification or certification renewal, the department shall
15 certify that the entity meets the requirements for a care management organization.

16 (b) To be certified as a care management organization, an applicant shall
17 demonstrate or ensure all of the following:

18 1. Adequate availability of providers with the expertise and ability to provide
19 services that are responsive to the disabilities or conditions of all of the applicant's
20 proposed enrollees and sufficient representation of programmatic philosophies and
21 cultural orientations to accommodate a variety of enrollee preferences and needs.

22 2. Adequate availability of providers that can meet the preferences and needs
23 of its proposed service recipients for services at various times, including evenings,
24 weekends and, when applicable, on a 24-hour basis.

1 3. Adequate availability of providers that are able and willing to perform all
2 of the tasks that are likely to be identified in proposed enrollees' service and care
3 plans.

4 4. Adequate availability of residential and day services that are geographically
5 accessible to proposed enrollees' homes, families or friends.

6 5. Adequate supported living arrangements of the types and sizes that meet
7 proposed enrollees' preference and needs.

8 6. Expertise in determining and meeting the needs of every target population
9 that the applicant proposes to serve and connections to the appropriate service
10 providers.

11 7. Thorough knowledge of local long-term care and other community resources.

12 8. The ability to manage and deliver, either directly or through subcontracts
13 or partnerships with other organizations, the full range of benefits to be included in
14 the monthly payment amount.

15 9. Thorough knowledge of methods for maximizing informal caregivers and
16 community resources and integrating them into a service or care plan.

17 10. Coverage for a geographic area specified by the department.

18 11. The ability to develop strong linkages with systems and services that are
19 not directly within the scope of the applicant's responsibility but that are important
20 to the target group that it proposes to serve, including primary and acute health care
21 services.

22 12. Adequate and competent staffing by qualified personnel to perform all of
23 the functions that the applicant proposes to undertake.

24 (4) DUTIES. A care management organization shall, in addition to meeting all
25 contract requirements, do all of the following:

1 (a) Accept requested enrollment of any person who is entitled to the family care
2 benefit and of any person who is eligible for the family care benefit and for whom
3 funding is available. No care management organization may disenroll any enrollee,
4 except under circumstances specified by the department by contract. No care
5 management organization may encourage any enrollee to disenroll in order to obtain
6 long-term care services under the medical assistance fee-for-service system. No
7 involuntary disenrollment is effective unless the department has reviewed and
8 approved it.

9 (b) Conduct a comprehensive assessment for each enrollee, including an
10 in-person interview with the enrollee, using a standard format developed by the
11 department.

12 (c) With the enrollee and the enrollee's family or guardian, if appropriate,
13 develop a comprehensive care plan that reflects the enrollee's values and
14 preferences.

15 (d) Provide or contract for the provision of necessary services and monitor the
16 provided or contracted services.

17 (e) Provide, within guidelines established by the department, a mechanism by
18 which an enrollee may arrange for, manage and monitor his or her family care benefit
19 directly or with the assistance of another person chosen by the enrollee. The care
20 management organization shall monitor the enrollee's use of a fixed budget for
21 purchase of services or support items from any qualified provider, monitor the health
22 and safety of the enrollee and provide assistance in management of the enrollee's
23 budget and services at a level tailored to the enrollee's need and desire for the
24 assistance.

1 (f) Provide, on a fee-for-service basis, case management services to persons
2 who are functionally eligible but not financially eligible for the family care benefit.

3 (g) Meet all performance standards required by the federal government or
4 promulgated by the department by rule.

5 (h) Submit to the department reports and data required or requested by the
6 department.

7 (i) Implement internal quality improvement and assurance processes that
8 meet standards prescribed by the department by rule.

9 (j) Cooperate with external quality assurance reviews.

10 (k) Meet departmental requirements for protection of solvency.

11 (L) Annually submit to the department an independent financial audit that
12 meets federal requirements.

13 (5) FUNDING AND RISK-SHARING. (a) From the appropriation accounts under s.
14 20.435 (4) (b), (g) and (o) and (7) (b) and (bd), the department shall provide funding
15 on a capitated payment basis for the provision of services under this section.
16 Notwithstanding s. 46.036 (3) and (5m), a care management organization that is
17 under contract with the department may expend the funds, consistent with this
18 section, including providing payment, on a capitated basis, to providers of services
19 under the family care benefit.

****NOTE: This is reconciled s. 46.284 (5) (a). This paragraph has been affected by
drafts with the following LRB numbers: LRB-0028/6 and LRB-0030/P4.

20 (b) If the expenditures by a care management organization under par. (a)
21 exceed payments received from the department under par. (a), as determined by the
22 department by contract, the department may share the loss with the care

1 management organization, within the limits prescribed under the contract with the
2 department.

3 (c) If the payments received from the department under par. (a) exceed the
4 expenditures by a care management organization under par. (a), as determined by
5 the department by contract, the care management organization may retain a portion
6 of the excess payments, within the limits prescribed under the contract with the
7 department, and shall return the remainder to the department.

8 (d) The department may, by contract, impose solvency protections that the
9 department determines are reasonable and necessary to retain federal financial
10 participation. These protections may include all of the following:

11 1. The requirement that a care management organization segregate a risk
12 reserve from other funds of the care management organization or the authorizing
13 body for the care management organization.

14 2. The requirement that interest accruing to the risk reserve remain in the
15 escrow account for the risk reserve.

16 3. Limitations on the distribution of funds from the risk reserve.

17 4. The requirement that a care management organization place funds in a risk
18 reserve and maintain the risk reserve in an interest-bearing escrow account with a
19 financial institution, as defined in s. 69.30 (1) (b), or invest funds as specified in s.
20 46.2895 (4) (j) 2. or 3. Moneys in the risk reserve or invested as specified in this
21 subdivision may be expended only for the provision of services under this section.
22 If a care management organization ceases participation under this section, the funds
23 in the risk reserve or invested as specified in this subdivision, minus any
24 contribution of moneys other than those specified in par. (c), shall be returned to the
25 department. The department shall expend the moneys for the payment of

1 outstanding debts to providers of family care benefit services and for the
2 continuation of family care benefit services to enrollees.

3 (e) 1. Subject to subd. 2., a care management organization may enter into
4 contracts with providers of family care benefit services and may limit profits of the
5 providers under the contracts.

6 2. The department shall review the contracts in subd. 1., including rates for the
7 provision of service, to ensure that the contract terms protect services access by
8 enrollees and financial viability of the care management organization, and may
9 require contract revision.

10 (6) GOVERNING BOARD. A care management organization shall have a governing
11 board that reflects the ethnic and economic diversity of the geographic area served
12 by the care management organization. At least one-fourth of the members of the
13 governing board shall be older persons or persons with physical or developmental
14 disabilities or their family members, guardians or other advocates who are
15 representative of the care management organization's enrollee.

16 (7) EXCHANGE OF INFORMATION. Notwithstanding ss. 48.78 (2) (a), 49.45 (4),
17 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78
18 (2) (a), a care management organization acting under this section may exchange
19 confidential information about a client, as defined in s. 46.287 (1), without the
20 informed consent of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm),
21 46.23 (3) (e), 46.283 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of
22 the care management organization, if necessary to enable the care management
23 organization to perform its duties or to coordinate the delivery of services to the
24 client.

1 ***-0030/1.62* SECTION 1050.** 46.284 (2) (d) of the statutes, as created by 1999
2 Wisconsin Act (this act), is amended to read:

3 46.284 (2) (d) For contracts following the initial contracts specified in par. (b),
4 the department shall, ~~after consulting with the council on long-term care~~, prescribe
5 criteria to determine the number of care management organizations that are
6 necessary for operation in a county. Under these criteria, the department shall solicit
7 applications, certify those applicants that meet the requirements specified in sub. (3)
8 (a), select certified applicants for contract and contract with the selected applicants.

9 ***-0030/1.63* SECTION 1051.** 46.285 of the statutes is created to read:

10 **46.285 Operation of resource center and care management**
11 **organization.** In order to meet federal requirements and assure federal financial
12 participation in funding of the family care benefit, a county, a tribe or band, a family
13 care district or an organization, including a private, nonprofit corporation, may not
14 directly operate both a resource center and a care management organization. All of
15 the following apply to operation of both a resource center and a care management
16 organization:

17 **(1) COUNTY OPERATION.** (a) If a county board of supervisors and, if applicable,
18 a county executive or a county administrator, elect to apply to the department for a
19 contract to operate a resource center, the county board of supervisors may create a
20 family care district to apply to the department for a contract to operate a care
21 management organization.

22 (b) If a county board of supervisors and, if applicable, a county executive or a
23 county administrator, elect to apply to the department for a contract to operate a care
24 management organization, the county board of supervisors may create a family care
25 district to apply to the department to operate a resource center.

1 (2) TRIBAL OR BAND ORGANIZATION. (a) If the governing body of a tribe or band
2 elects to apply to the department for a contract directly to operate a resource center,
3 tribal or band members may form a separate corporation to apply to the department
4 for a contract to operate a care management organization. No members of the
5 governing board of the corporation may be members of the tribal or band governing
6 body.

7 (b) If the governing body of a tribe or band elects to apply to the department
8 for a contract directly to operate a care management organization, tribal or band
9 members may form a separate corporation to apply to the department for a contract
10 to operate a resource center. No members of the governing board of the corporation
11 may be members of the tribal or band governing body.

12 (3) JOINT COUNTY AND TRIBAL OR BAND OPERATION. Any county or family care
13 district that seeks to operate jointly with a tribe or band or tribal or band corporation
14 a care management organization or resource center shall submit jointly with the
15 tribe or band or tribal or band corporation an application to the department to
16 operate the care management organization or resource center.

17 *~~0030/1.64~~* SECTION 1052. 46.286 of the statutes is created to read:

18 **46.286 Family care benefit. (1) ELIGIBILITY.** Except as provided in sub. (1m),
19 a person is eligible for, but not necessarily entitled to, the family care benefit if the
20 person is at least 18 years of age; does not have a primary disabling condition of
21 mental illness, substance abuse or developmental disability; and meets all of the
22 following criteria:

23 (a) *Functional eligibility.* A person is functionally eligible if any of the following
24 applies, as determined by the department or its designee:

25 1. The person's functional capacity is at either of the following levels:

1 a. The comprehensive level, if the person has a long-term or irreversible
2 condition, expected to last at least 90 days or result in death within one year of the
3 date of application, and requires ongoing care, assistance or supervision.

4 b. The intermediate level, if the person has a condition that is expected to last
5 at least 90 days or result in death within 12 months after the date of application, and
6 is at risk of losing his or her independence or functional capacity unless he or she
7 receives assistance from others.

8 2. The person has a condition that is expected to last at least 90 days or result
9 in death within 12 months after the date of application and, on the date that the
10 family care benefit became available in the person's county of residence, the person
11 was a resident in a nursing home or was receiving long-term care services, as
12 specified by the department, funded under any of the following:

13 a. The long-term support community options program under s. 46.27.

14 b. Home and community-based waiver programs under 42 USC 1396n (c),
15 including community integration program under s. 46.275, 46.277 or 46.278.

16 c. The Alzheimer's family caregiver support program under s. 46.87.

17 d. Community aids under s. 46.40, if documented by the county under a method
18 prescribed by the department.

19 e. County funding, if documented by the county under a method prescribed by
20 the department.

21 (b) *Financial eligibility.* A person is financially eligible if all of the following
22 apply:

23 1. As determined by the department or its designee, either of the following
24 applies:

1 a. The person would qualify for medical assistance except for financial criteria,
2 and the projected cost of the person's care plan, as calculated by the department or
3 its designee, exceeds the person's gross monthly income, plus one-twelfth of his or
4 her countable assets, less deductions and allowances permitted by rule by the
5 department.

6 b. The person is eligible under ch. 49 for medical assistance.

7 2. If subd. 1. b. applies, the person accepts medical assistance unless he or she
8 is exempt from the acceptance under rules promulgated by the department.

9 **(1m) ELIGIBILITY EXCEPTION.** A person whose primary disabling condition is
10 developmental disability is eligible for the family care benefit if the person is a
11 resident of a county or is a member of a tribe or band that has operated, before July
12 1, 2001, a care management organization under s. 46.281 (1) (d) and meets all other
13 eligibility criteria under this subsection.

14 **(2) COST SHARING.** (a) A person who is determined to be financially eligible
15 under sub. (1) (b) shall contribute to the cost of his or her care an amount that is
16 calculated by the department or its designee after subtracting from the person's
17 gross income, plus one-twelfth of countable assets, the deductions and allowances
18 permitted by the department by rule.

19 (b) Funds received under par. (a) shall be used by a care management
20 organization to pay for services under the family care benefit.

21 (c) A person who is required to contribute to the cost of his or her care but who
22 fails to make the required contributions is ineligible for the family care benefit unless
23 he or she is exempt from the requirement under rules promulgated by the
24 department.

1 (3) ENTITLEMENT. (a) Subject to pars. (c) and (d), a person is entitled to and may
2 receive the family care benefit through enrollment in a care management
3 organization if he or she meets the requirements of sub. (1) (intro.), is financially
4 eligible, fulfills any applicable cost-sharing requirements and meets any of the
5 following criteria:

6 1. Is functionally eligible at the comprehensive level.

7 2. Is functionally eligible at the intermediate level and is eligible under sub. (1)

8 (b) 1. b.

9 3. Is functionally eligible at the intermediate level and is determined by an
10 agency under s. 46.90 (2) or specified in s. 55.05 (1t) to be in need of protective services
11 under s. 55.05 or protective placement under s. 55.06.

12 4. Is functionally eligible under sub. (1) (a) 2.

13 5. Is eligible under sub. (1m).

14 (b) An entitled individual who is enrolled in a care management organization
15 may not be involuntarily disenrolled except as follows:

16 1. For cause, subject to the requirements of s. 46.284 (4) (a).

17 2. If the contract between the care management organization and the
18 department is canceled or not renewed. If this circumstance occurs, the department
19 shall assure that enrollees continue to receive needed services through another care
20 management organization or through the medical assistance fee-for-service system
21 or any of the programs specified under sub. (1) (a) 2. a. to d.

22 (c) Within each county and for each client group, par. (a) shall first apply on the
23 effective date of a contract under which a care management organization accepts a
24 per person per month payment to provide services under the family care benefit to
25 eligible persons in that client group in the county. Within 24 months after this date,

1 the department shall assure that sufficient capacity exists within one or more care
2 management organizations to provide the family care benefit to all entitled persons
3 in that client group in the county.

4 (d) The department shall determine the date, which shall not be later than July
5 1, 2000, on which par. (a) shall first apply to persons who are not eligible for medical
6 assistance under ch. 49.

7 (4) DIVESTMENT; RULES. The department shall promulgate rules relating to
8 prohibitions on divestment of assets of persons who receive the family care benefit,
9 that are substantially similar to applicable provisions under s. 49.453.

10 (5) TREATMENT OF TRUST AMOUNTS; RULES. The department shall promulgate
11 rules relating to treatment of trust amounts of persons who receive the family care
12 benefit, that are substantially similar to applicable provisions under s. 49.454.

13 (6) PROTECTION OF INCOME AND RESOURCES OF COUPLE FOR MAINTENANCE OF
14 COMMUNITY SPOUSE; RULES. The department shall promulgate rules relating to
15 protection of income and resources of couples for the maintenance of the spouse in
16 the community with regard to persons who receive the family care benefit, that are
17 substantially similar to applicable provisions under s. 49.455.

18 (7) RECOVERY OF FAMILY CARE BENEFIT PAYMENTS; RULES. The department shall
19 promulgate rules relating to the recovery from persons who receive the family care
20 benefit, including by liens and from estates, of correctly paid family care benefits,
21 that are substantially similar to applicable provisions under ss. 49.496 and 49.497.

22 *–0030/1.65* SECTION 1053. 46.287 of the statutes is created to read:

23 **46.287 Hearings.** (1) DEFINITION. In this section, “client” means a person
24 applying for eligibility for the family care benefit, an eligible person or an enrollee.

1 (2) HEARING. (a) 1. Except as provided in subd. 2., a client may contest any of
2 the following applicable matters by filing, within 45 days after receipt of notice of the
3 contested matter, a written request for a hearing that shall be held under procedures
4 for hearing these disputes that are prescribed by the department by rule:

- 5 a. Denial of eligibility under s. 46.286 (1) or (1m).
- 6 b. Determination of cost sharing under s. 46.286 (2).
- 7 c. Denial of entitlement under s. 46.286 (3).
- 8 d. Failure to provide timely services and support items that are included in the
9 plan of care.
- 10 e. Reduction of services or support items under the family care benefit.
- 11 f. Development of a plan of care that is unacceptable because the plan of care
12 requires the enrollee to live in a place that is unacceptable to the enrollee or the plan
13 of care provides care, treatment or support items that are insufficient to meet the
14 enrollee's needs, are unnecessarily restrictive or are unwanted by the enrollee.
- 15 g. Termination of the family care benefit.

16 2. An applicant for or recipient of medical assistance is not entitled to a hearing
17 concerning the identical dispute or matter under both this section and 42 CFR
18 431.200 to 431.246.

19 (b) An enrollee may contest a decision of a care management organization
20 regarding the type, amount or quality of the enrollee's services under the family care
21 benefit, other than those specified in par. (a) 1. d. to f., or may contest the choice of
22 service provider. In these instances, the enrollee shall first send a written request
23 for review by the unit of the department that monitors care management
24 organization contracts. This unit shall review and attempt to resolve the dispute.

1 If the dispute is not resolved to the satisfaction of the enrollee, he or she may request
2 a hearing under the procedures specified in par. (a) 1. (intro.).

3 (c) Information regarding the availability of advocacy services and notice of
4 adverse actions taken and appeal rights shall be provided to a client by the resource
5 center or care management organization in a form and manner that is prescribed by
6 the department by rule.

7 ***-0030/1.66* SECTION 1054.** 46.288 of the statutes is created to read:

8 **46.288 Rule-making.** The department shall promulgate as rules all of the
9 following:

10 (1) Standards for performance by resource centers and for certification of care
11 management organizations, including requirements for maintaining quality
12 assurance and quality improvement.

13 (2) Rights of clients, eligible persons and enrollees that are specified in s.
14 46.287.

15 (3) Criteria and procedures for determining functional eligibility under s.
16 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), cost sharing under s. 46.286
17 (2) (a) and entitlement under s. 46.286 (3). The rules for determining functional
18 eligibility under s. 46.286 (1) (a) 1. a. shall be substantially similar to eligibility
19 criteria for receipt of the long-term support community options program under s.
20 46.27. Rules under this subsection shall include definitions of the following terms
21 applicable to s. 46.286:

22 (a) "Primary disabling condition".

23 (b) "Mental illness".

24 (c) "Substance abuse".

25 (d) "Long-term or irreversible".

1 (e) "Requires ongoing care, assistance or supervision".

2 (f) "Condition that is expected to last at least 90 days or result in death within
3 one year".

4 (g) "At risk of losing independence or functional capacity".

5 (h) "Gross monthly income".

6 (i) "Deductions and allowances".

7 (j) "Countable assets".

8 (4) Procedures and standards for procedures for s. 46.287 (2).

9 ***-0030/1.67* SECTION 1055.** 46.289 of the statutes is created to read:

10 **46.289 Transition.** In order to facilitate the transition to the long-term care
11 system specified in ss. 46.2805 to 46.2895, within the limits of applicable federal
12 statutes and regulations and if the secretary of health and family services finds it
13 necessary, he or she may grant a county limited waivers to or exemptions from ss.
14 46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2. and 3. and (b) (intro.),
15 1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.) and 6. and 46.277 (3)
16 (a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated under those provisions.

17 ***-0030/1.68* SECTION 1056.** 46.2895 of the statutes is created to read:

18 **46.2895 Family care district.** (1) CREATION. (a) A county board of
19 supervisors may create a special purpose district that is termed a "family care
20 district", that is a local unit of government, that is separate and distinct from, and
21 independent of, the state and the county, and that has the powers and duties
22 specified in this section, if the county board does all of the following:

23 1. Adopts an enabling resolution that does all of the following:

24 a. Declares the need for establishing the family care district.

1 b. Specifies the family care district's primary purpose, which shall be to
2 operate, under contract with the department, either a resource center under s.
3 46.283 or a care management organization under s. 46.284, but not both.

4 2. Files copies of the enabling resolution with the secretary of administration,
5 the secretary of health and family services and the secretary of revenue.

6 (b) The county boards of supervisors of 2 or more contiguous counties may
7 together create a family care district with the attributes specified in par. (a) (intro.)
8 on a multicounty basis within the counties if the county boards of supervisors comply
9 with the requirements of par. (a) 1. and 2.

10 (2) JURISDICTION. A family care district's jurisdiction is the geographical area
11 of the county or counties of the county board or boards of supervisors who created the
12 family care district.

13 (3) FAMILY CARE DISTRICT BOARD. (a) 1. The county board of supervisors of a
14 county or, in a county with a county administrator or county executive, the county
15 administrator or county executive shall appoint the members of the family care
16 district board, which is the governing board of a family care district under sub. (1)
17 (a).

18 2. The county boards of supervisors of 2 or more contiguous counties shall
19 appoint the members of the family care district board, which is the governing board
20 of the family care district under sub. (1) (b). Each county board shall appoint
21 members in the same proportion that the county's population represents to the total
22 population of all of the counties that constitute the jurisdiction of the family care
23 district.

24 (b) 1. The family care district board appointed under par. (a) 1. shall consist of
25 15 persons who are residents of the area of jurisdiction of the family care district.

1 At least one-fourth of the members shall be representative of the client group or
2 groups whom it is the family care district's primary purpose to serve or those clients'
3 family members, guardians or other advocates.

4 2. The family care district board appointed under par. (a) 2. shall consist of 15
5 persons, plus one additional member for each county in excess of 2, all of whom are
6 residents of the area of jurisdiction of the family care district. At least one-fourth
7 of the members shall be representative of the client group or groups whom it is the
8 family care district's primary purpose to serve or those clients' family members,
9 guardians or other advocates.

10 3. Membership of the family care district board under subd. 1. or 2. shall reflect
11 the ethnic and economic diversity of the area of jurisdiction of the family care district.
12 No member of the board may be an elected or appointed official or an employe of the
13 county or counties that created the family care district. No member of the board may
14 have a private financial interest in or profit directly or indirectly from any contract
15 or other business of the family care district.

16 (c) The members of the family care district board appointed under par. (a) shall
17 serve 3-year terms. No member may serve more than 2 consecutive terms. Of the
18 members first appointed, 5 shall be appointed for 3 years; 5 shall be appointed for
19 4 years; and 5 or, in the case of a board appointed under par. (b) 2., the remainder,
20 shall be appointed for 5 years. A member shall serve until his or her successor is
21 appointed.

22 (d) As soon as possible after the appointment of the initial members of the
23 family care district board, the board shall organize for the transaction of business
24 and elect a chairperson and other necessary officers. Each chairperson shall be
25 elected by the board from time to time for the term of that chairperson's office as a

1 member of the board or for the term of 3 years, whichever is shorter, and shall be
2 eligible for reelection. A majority of the board shall constitute a quorum. The board
3 may act based on the affirmative vote of a majority of a quorum.

4 (4) POWERS. Subject to sub. (1)(a) 1. b., a family care district has all the powers
5 necessary or convenient to carry out the purposes and provisions of ss. 46.2805 to
6 46.2895. In addition to all these powers, a family care district may do all of the
7 following:

8 (a) Adopt and alter, at pleasure, an official seal.

9 (b) Adopt bylaws and policies and procedures for the regulation of its affairs
10 and the conduct of its business. The bylaws, policies and procedures shall be
11 consistent with ss. 46.2085 to 46.2895 and, if the family care district contracts with
12 the department under par. (d), with the terms of that contract.

13 (c) Sue and be sued.

14 (d) Negotiate and enter into leases or contracts, including a contract with the
15 department to operate either a resource center under s. 46.283 or a care management
16 organization under s. 46.284, but not both.

17 (e) Provide services related to services available under the family care benefit,
18 to older persons and persons with disabilities, in addition to the services funded
19 under the contract with the department that is specified under par. (d).

20 (f) Acquire, construct, equip, maintain, improve or manage a resource center
21 under s. 46.283 or a care management organization under s. 46.284, but not both.

22 (g) Subject to sub. (8), employ any agent, employe or special adviser that the
23 family care district finds necessary, fix and regulate his or her compensation and
24 provide, either directly or subject to an agreement under s. 66.30 as a participant in

1 a benefit plan of another governmental entity, any employee benefits, including an
2 employee pension plan.

3 (h) Mortgage, pledge or otherwise encumber the family care district's property
4 or funds.

5 (i) Buy, sell or lease property, including real estate, and maintain or dispose of
6 the property.

7 (j) Invest any funds not required for immediate disbursement in any of the
8 following:

9 1. An interest-bearing escrow account with a financial institution, as defined
10 in s. 69.30 (1) (b).

11 2. Time deposits in any financial institution, as defined in s. 69.30 (1) (b), if the
12 time deposits mature in not more than 2 years.

13 3. Bonds or securities issued or guaranteed as to principal and interest by the
14 federal government or by a commission, board or other instrumentality of the federal
15 government.

16 (k) Create a risk reserve or other special reserve as the family care district
17 board desires or as the department requires under the contract with the department
18 that is specified under par. (d).

19 (L) Accept aid, including loans, to accomplish the purpose of the family care
20 district from any local, state or federal governmental agency or accept gifts, loans,
21 grants or bequests from individuals or entities, if the conditions under which the aid,
22 loan, gift, grant or bequest is furnished are not in conflict with this section.

23 (m) Make and execute other instruments necessary or convenient to exercise
24 the powers of the family care district.

1 (5) LIMITATION ON POWERS. A family care district may not issue bonds or levy
2 a tax or assessment.

3 (6) DUTIES. The family care district board shall do all of the following:

4 (a) Appoint a director, who shall hold office at the pleasure of the board.

5 (b) Subject to sub. (8), develop and implement a personnel structure and other
6 employment policies for employees of the family care district.

7 (c) Assure compliance with the terms of any contract with the department
8 under sub. (4) (d).

9 (d) Establish a fiscal operating year and annually adopt a budget for the family
10 care district.

11 (e) Contract for any legal services required for the family care district.

12 (f) Subject to sub. (8), procure liability insurance covering its officers, employees
13 and agents, insurance against any loss in connection with its property and other
14 assets and other necessary insurance; establish and administer a plan of
15 self-insurance; or, subject to an agreement under s. 66.30, participate in a
16 governmental plan of insurance or self-insurance.

17 (7) DIRECTOR; DUTIES. The director appointed under sub. (6) (a) shall do all of
18 the following:

19 (a) Manage the property and business of the family care district and manage
20 the employees of the district, subject to the general control of the family care district
21 board.

22 (b) Comply with the bylaws and direct enforcement of all policies and
23 procedures adopted by the family care district board.

24 (c) Perform duties in addition to those specified in pars. (a) and (b) as are
25 prescribed by the family care district board.

1 (8) EMPLOYMENT AND EMPLOYEE BENEFITS OF CERTAIN EMPLOYEES. (a) A family care
2 district board shall do all of the following:

3 1. If the family care district offers employment to any individual who was
4 previously employed by the county, who while employed by the county performed
5 duties relating to the same or a substantially similar function for which the
6 individual is offered employment by the district and whose wages, hours and
7 conditions of employment were established in a collective bargaining agreement
8 with the county under subch. IV of ch. 111 that is in effect on the date that the
9 individual commences employment with the district, with respect to that individual,
10 abide by the terms of the collective bargaining agreement concerning the individual's
11 compensation and benefits until the time of the expiration of that collective
12 bargaining agreement or adoption of a collective bargaining agreement with the
13 district under subch. IV of ch. 111 covering the individual as an employee of the
14 district, whichever occurs first.

15 2. If the family care district offers employment to any individual who was
16 previously employed by the county and who while employed by the county performed
17 duties relating to the same or a substantially similar function for which the
18 individual is offered employment by the district, but whose wages, hours and
19 conditions of employment were not established in a collective bargaining agreement
20 with the county under subch. IV of ch. 111 that is in effect on the date the individual
21 commences employment with the district, with respect to that individual, initially
22 provide that individual the same compensation and benefits that he or she received
23 while employed by the county.

24 3. If the family care district offers employment to any individual who was
25 previously employed by the county and who while employed by the county performed

SECTION 1056

1 duties relating to the same or a substantially similar function for which the
2 individual is offered employment by the district, with respect to that individual,
3 recognize all years of service with the county for any benefit provided or program
4 operated by the district for which an employee's years of service may affect the
5 provision of the benefit or the operation of the program.

6 4. If the county has not established its own retirement system for county
7 employees, adopt a resolution that the family care district be included within the
8 provisions of the Wisconsin retirement system under s. 40.21 (1). In this resolution,
9 the family care district shall agree to recognize 100% of the prior creditable service
10 of its employees earned by the employees while employed by the district.

11 (b) The county board of supervisors of the area of jurisdiction of the family care
12 district shall do all of the following:

13 1. If the county has established its own retirement system for county employees,
14 provide that family care district employees are eligible to participate in the county
15 retirement system.

16 2. Provide that, subject to the terms of any applicable collective bargaining
17 agreement as provided in par. (a) 1., family care district employees are eligible to
18 receive health care coverage under any county health insurance plan that is offered
19 to county employees.

20 3. Provide that, subject to the terms of any applicable collective bargaining
21 agreement as provided in par. (a) 1., family care district employees are eligible to
22 participate in any deferred compensation or other benefit plan offered by the county
23 to county employees, including disability and long-term care insurance coverage and
24 income continuation insurance coverage.

1 **(9) CONFIDENTIALITY OF RECORDS.** No record, as defined in s. 19.32 (2), of a family
2 care district that contains personally identifiable information, as defined in s. 19.62
3 (5), concerning an individual who receives services from the family care district may
4 be disclosed by the family care district without the individual's informed consent,
5 except as required to comply with s. 16.009 (2) (p) or 49.45 (4).

6 **(10) EXCHANGE OF INFORMATION.** Notwithstanding sub. (9) and ss. 48.78 (2) (a),
7 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c)
8 and 938.78 (2) (a), a family care district acting under this section may exchange
9 confidential information about a client, as defined in s. 46.287 (1), without the
10 informed consent of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm),
11 46.23 (3) (e), 46.283 (7), 46.284 (7), 51.42 (3) (e) or 51.437 (4r) (b) in the jurisdiction
12 of the family care district, if necessary to enable the family care district to perform
13 its duties or to coordinate the delivery of services to the client.

14 **(11) OBLIGATIONS AND DEBTS NOT THOSE OF COUNTY.** The obligations and debts
15 of the family care district are not the obligations or debts of the county that created
16 the family care district.

17 **(12) ASSISTANCE TO FAMILY CARE DISTRICT.** From moneys in the county treasury
18 that are not appropriated to some other purpose, the county board of supervisors
19 under sub. (1) (a) or the county boards of supervisors under sub. (1) (b) may
20 appropriate moneys to the family care district as a gift or may lend moneys to the
21 family care district.

22 **(13) DISSOLUTION.** Subject to the performance of the contractual obligations of
23 a family care district and if first approved by the secretary of the department, the
24 family care district may be dissolved by the joint action of the family care district
25 board and county board of supervisors under sub. (1) (a) or the county boards of

SECTION 1056

1 supervisors under sub. (1) (b) that created the family care district. If the family care
2 district is dissolved, the property of the district shall be transferred to the county
3 board of supervisors that created the family care district except as follows:

4 (a) If the family care district was created under sub. (1) (b), the county boards
5 of supervisors shall agree on the apportioning of the family care district's property
6 before the district may be dissolved.

7 (b) If the family care district operates a care management organization under
8 s. 46.284, disposition of any remaining funds in the risk reserve under s. 46.284 (5)

9 (e) shall be made under the terms of the district's contract with the department.

10 ***-0027/5.20* SECTION 1057.** 46.29 (1) (intro.) of the statutes is amended to
11 read:

12 46.29 (1) (intro.) From the appropriation under s. 20.435 (6) (d) (a), the
13 department shall allocate up to \$10,000 in each fiscal year for operation of the council
14 on physical disabilities. The council on physical disabilities shall do all of the
15 following:

16 ***-0275/5.1* SECTION 1058.** 46.40 (1) (a) of the statutes is amended to read:

17 46.40 (1) (a) Within the limits of available federal funds and of the
18 appropriations under s. 20.435 (3) (o) and (7) (b), (kw) (kz) and (o), the department
19 shall distribute funds for community social, mental health, developmental
20 disabilities and alcohol and other drug abuse services and for services under ss.
21 46.51, 46.87, 46.985 and 51.421 to county departments under ss. 46.215, 46.22, 46.23,
22 51.42 and 51.437 and to county aging units, as provided in subs. (2), (2m) and (7) to
23 (8) (9).

****NOTE: This is reconciled s. 46.40 (1) (a). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0271/3 and LRB-0275/4.